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ABSTRACT

This Kids Count report examined statewide trends in the well-being of Rhode Island's children. Five chapters addressed the areas of: family and community; economic well-being; child health; safety; and education. The statistical portrait is based on 26 indicators of well-being: (1) children in single parent families; (2) median household income; (3) cost of rent; (4) children in poverty; (5) children receiving AFDC; (6) children receiving food stamps; (7) children receiving school breakfast; (8) children without health insurance; (9) women and children receiving WIC; (10) women and delayed prenatal care; (11) low birthweight infants; (12) infant mortality; (13) children with lead poisoning; (14) births to teens; (15) alcohol, drug, and cigarette use by teens; (16) additional children's health issues; (17) child deaths; (18) teen deaths; (19) homeless children; (20) juveniles referred to family court; (21) child abuse and neglect; (22) child care; (23) children enrolled in Head Start; (24) fourth-grade reading skills; (25) high school graduation rate; and (26) teens not in school and not working. The information on each indicator contains the following: definitions; significance; sidebars; city/town tables; core cities data; comparison data; and most recent available data. (SD)

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# 1997 Rhode Island Kids Count Factbook

Rhode Island KIDS COUNT is a children's policy and information project that provides credible information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action to improve the economic well-being, health, safety, and education of Rhode Island children.

Primary funding for Rhode Island KIDS COUNT is provided by The Rhode Island Foundation and The Annie E. Casey Foundation, with additional support from other corporate and foundation sponsors.

The annual Rhode Island KIDS COUNT Factbook is one of fifty state-level projects designed to provide a detailed community-by-community picture of the condition of children. A national Data Book with comparable data for the U.S. is produced annually by The Annie E. Casey Foundation.

*1997 Rhode Island KIDS COUNT Factbook*

*Editors:*

Elizabeth Burke Bryant
Catherine Boisvert Walsh
Ann-Marie Harrington

Additional copies of the *1997 Rhode Island KIDS COUNT Factbook* are available for $15.00 from:

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***1997 Rhode Island KIDS COUNT Factbook***

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# Shore

Play on the seashore
And gather up shells.
Kneel in the damp sands
Digging wells.

Run on the rocks
Where the seaweed slips.
Watch the waves
And the beautiful ships.

– Mary Britton Miller

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The *1997 Rhode Island KIDS COUNT Factbook* is the third annual profile of the well-being of children in Rhode Island. The annual Factbook is an important tool for planning and action by community leaders, policy makers, and individuals working to improve the quality of life for all of Rhode Island's children. By tracking progress across five areas of child well-being, the *1997 Rhode Island KIDS COUNT Factbook* builds a framework to guide children's policy, programs for children and families, and individual service on behalf of children.

The *1997 Rhode Island KIDS COUNT Factbook* provides a statistical portrait of the status of Rhode Island's children. Information is presented for the state of Rhode Island, each city and town, and an additional aggregate of the five cities in which more than 15% of the children live in poverty. These cities, referred to as "core cities" in the Factbook, are Providence, Pawtucket, Woonsocket, Newport, and Central Falls. By examining the best available data statewide and in Rhode Island's 39 cities and towns, Rhode Island KIDS COUNT provides an information base that can result in more effective policy and community action on behalf of children.

The *1997 Rhode Island KIDS COUNT Factbook* examines twenty-six indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. The most current, reliable data available is presented for each indicator. Included are several new indicators: Alcohol, Drug, and Cigarette Use By Teens; Homeless Children; Children Receiving AFDC; and Children Receiving Food Stamps.

### Healthy Communities

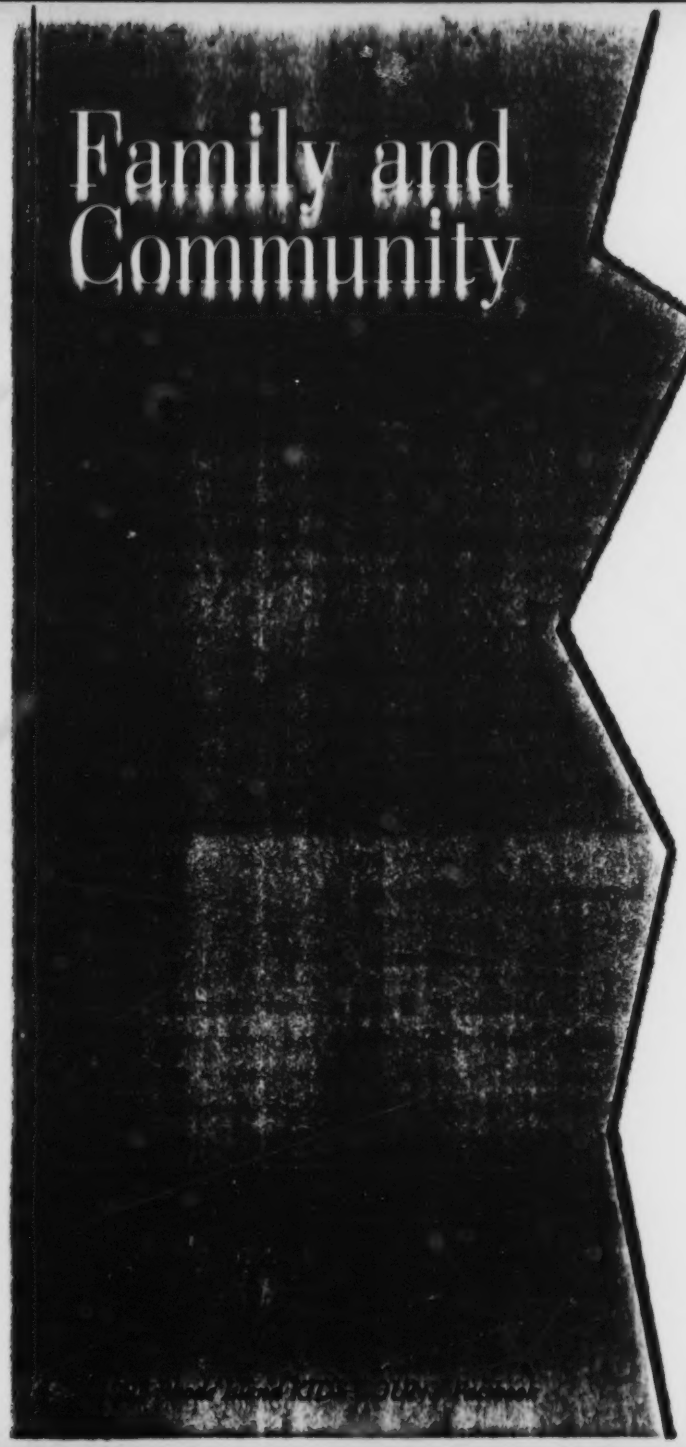
* The Factbook provides community-level information on each indicator in order to emphasize the significance of the surrounding physical, social, and economic environment in shaping outcomes for children. Communities and neighborhoods do matter — the actions of community leaders, parents, individuals, and organizations greatly influence children's chances for success and the challenges they will face. Tracking changes in selected indicators can help communities to set priorities, identify strategies to reverse negative trends, and monitor progress.

### Focus on the Whole Child

* All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in his family and community affects his school performance; a child's economic security affects her health and education. Individual action for children, government policies, and community programs need to reflect these interconnections if we are to make progress in improving child well-being.

### Early Investments Count

* Improving outcomes for children of all ages requires investments in young children and their families. Many of the difficult and costly problems faced by adolescents can be prevented by providing children with a better start in life. Access to health care, quality child care options, economic security, affordable housing, nurturing environments for children, and supportive communities for parents have been shown to improve child well-being.




# Under the Rainbow

I close my eyes
and slide along the arc
to home where my long grandmothers
sleep, dreaming of me,
dreaming of how dark
and beautiful we are together
under the bright
rainbow of our nights.

– Lucille Clifton



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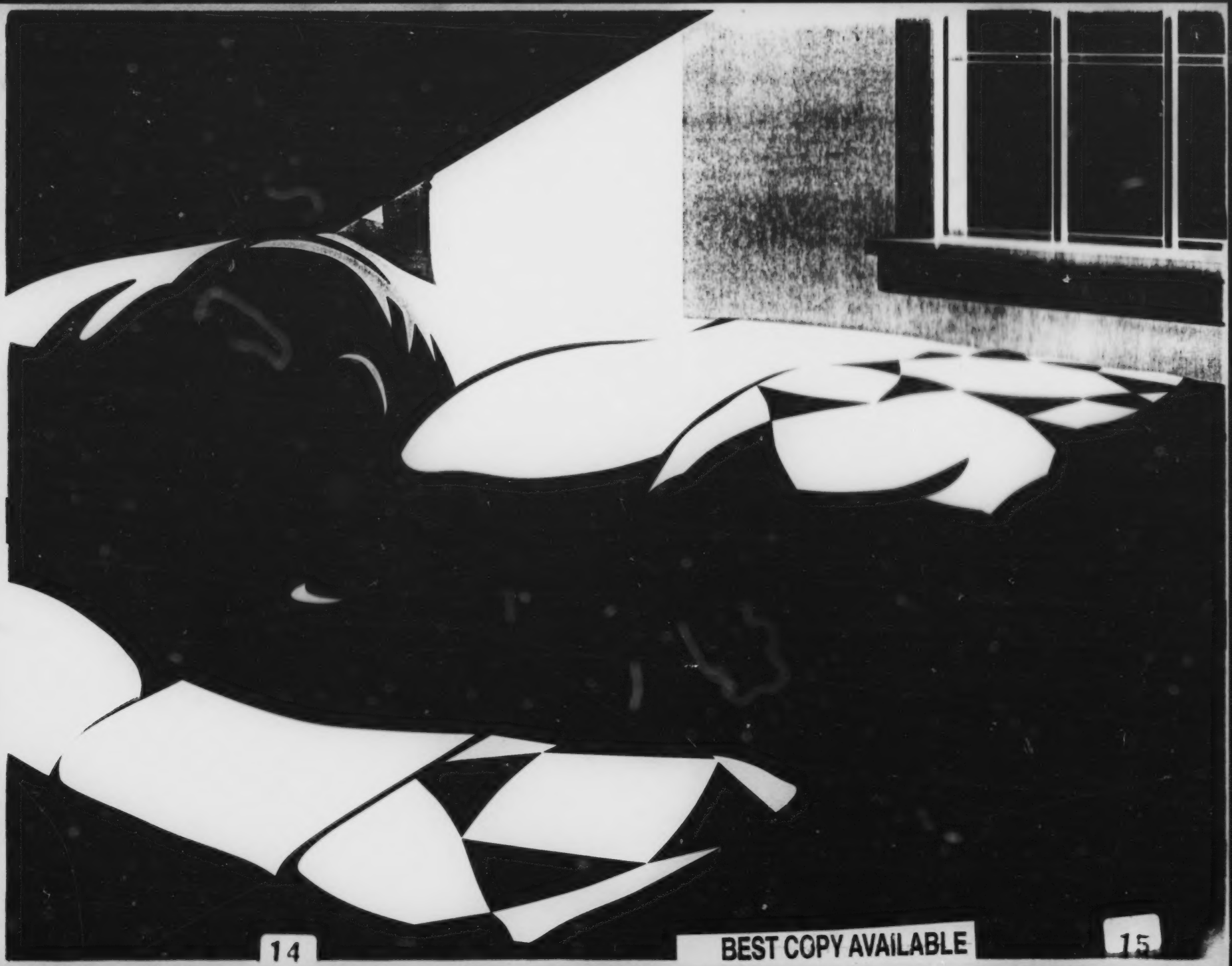



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# Child Population

### DEFINITION

*Child population* is the percentage of the total population that is under the age of 18.

### SIGNIFICANCE

In 1994, there were 219,242 Rhode Island children under age 18. [1] Rhode Island's children are diverse in race, ethnic background, language, and country of origin. Children under age 18 are significantly more diverse in racial and ethnic backgrounds than the adult population.

The percentage of the Rhode Island population that is under age 18 has declined from 26 percent in 1980 to 22 percent in 1990. Only one household in four has a school-age child. [2] This reflects a major shift toward the aging of America. Many families are responsible for the care of children as well as elderly family members. At the turn of the century there were about nine dependent children for each dependent older adult. Today this ratio is close to two to one, and early in the next century there will be one dependent child for every dependent elderly person. [3]

### Immigration

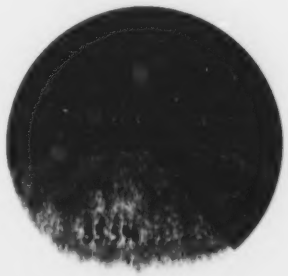
◆ **According to the 1990 Census, 13,500 Rhode Island children were born outside the U.S., including 5,400 Hispanic children and 3,300 Asian children.** [4]

◆ **Many immigrant children and children of recent immigrants face language barriers. In 1990, more than 25,000 Rhode Island children ages 5 to 17 spoke a language other than English at home.** [5]

### Rhode Island's Children, 1994

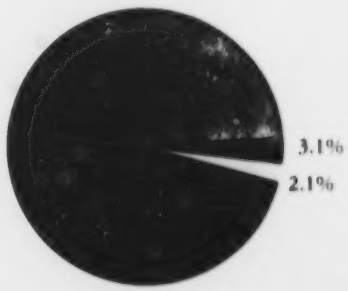
**By Age**

| | |
|---|---|
| 6.5% | Less than age 1 |
| 30.1% | Ages 1 to 5 |
| 29.9% | Ages 6 to 11 |
| 33.5% | Ages 12 to 17 |



**By Family Structure**

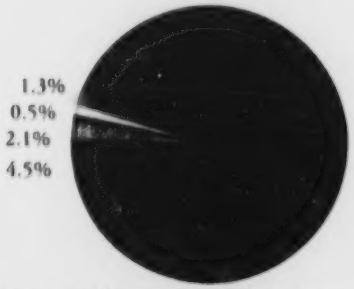
| | |
|---|---|
| 70.8% | Two Parents |
| 24.0% | Mother Only |
| 3.1% | Father Only |
| 2.1% | Other |




Source: U.S. Bureau of the Census, Current Population Survey, 1992 to 1996 average.

**By Race***

| | |
|---|---|
| 91.6% | White |
| 4.5% | Black |
| 2.1% | Asian |
| 0.5% | American Indian |
| 1.3% | Other |




**Hispanic children may be included in any race category. 11% of Rhode Island's 219,242 children are of Hispanic origin.*

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*Table 1*

## Child Population, Rhode Island, 1990

| CITY/TOWN | TOTAL POPULATION | CHILDREN UNDER AGE 18 N | CHILDREN UNDER AGE 18 % | % MINORITY CHILDREN UNDER AGE 18 |
|---|---|---|---|---|
| Barrington | 15,849 | 3,912 | 24.7% | 2.4% |
| Bristol | 21,625 | 4,380 | 20.3% | 4.4% |
| Burrillville | 16,230 | 4,479 | 27.6% | 0.8% |
| Central Falls | 17,637 | 4,810 | 27.3% | 49.3% |
| Charlestown | 6,478 | 1,575 | 24.3% | 5.3% |
| Coventry | 31,083 | 7,626 | 24.5% | 2.4% |
| Cranston | 76,060 | 14,673 | 19.3% | 8.1% |
| Cumberland | 29,038 | 6,427 | 22.1% | 3.4% |
| East Greenwich | 11,865 | 2,913 | 24.6% | 5.1% |
| East Providence | 50,380 | 10,657 | 21.2% | 12.1% |
| Exeter | 5,461 | 1,521 | 27.9% | 2.6% |
| Foster | 4,316 | 1,185 | 27.5% | 2.0% |
| Glocester | 9,227 | 2,526 | 27.4% | 1.6% |
| Hopkinton | 6,873 | 1,839 | 26.8% | 3.4% |
| Jamestown | 4,999 | 1,123 | 22.5% | 2.8% |
| Johnston | 26,542 | 5,332 | 20.1% | 3.9% |
| Lincoln | 18,045 | 3,890 | 21.6% | 3.6% |
| Little Compton | 3,339 | 750 | 22.5% | 2.7% |
| Middletown | 19,460 | 4,676 | 24.0% | 11.2% |
| Narragansett | 14,985 | 2,869 | 19.1% | 4.4% |
| Newport | 28,227 | 5,756 | 20.4% | 19.2% |
| New Shoreham | 836 | 163 | 19.5% | 3.1% |
| North Kingstown | 23,786 | 6,076 | 25.5% | 5.2% |
| North Providence | 32,090 | 5,655 | 17.6% | 5.9% |
| North Smithfield | 10,497 | 2,332 | 22.2% | 2.4% |
| Pawtucket | 72,644 | 16,719 | 23.0% | 21.2% |
| Portsmouth | 16,857 | 4,175 | 24.8% | 4.3% |
| Providence | 160,728 | 37,972 | 23.6% | 55.5% |
| Richmond | 5,351 | 1,565 | 29.2% | 3.6% |
| Scituate | 9,796 | 2,426 | 24.8% | 1.4% |
| Smithfield | 19,163 | 3,898 | 20.3% | 2.6% |
| South Kingstown | 24,631 | 4,770 | 19.4% | 7.8% |
| Tiverton | 14,312 | 3,166 | 22.1% | 1.7% |
| Warren | 11,385 | 2,452 | 21.5% | 2.7% |
| Warwick | 85,427 | 18,322 | 21.4% | 3.4% |
| Westerly | 21,605 | 4,988 | 23.1% | 3.0% |
| West Greenwich | 3,492 | 915 | 26.2% | 1.6% |
| West Warwick | 29,268 | 6,560 | 22.4% | 4.8% |
| Woonsocket | 43,877 | 10,617 | 24.2% | 14.5% |
| *Core Cities* | *323,113* | *75,874* | *23.5%* | *39.1%* |
| *Remainder of State* | *680,351* | *149,816* | *22.0%* | *4.9%* |
| *Rhode Island* | *1,003,464* | *225,690* | *22.5%* | *16.4%* |

### Source of Data for Table/Methodology

U.S. Bureau of the Census. 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

Minority is defined here by race and ethnicity groups used in the 1990 Census of Population: Black, Asian, Native American, and Hispanics.

The denominator is the number of children under age 18 according to the 1990 Census of Population.

### References for Indicator


1 U.S. Bureau of the Census. Current Population Survey, 1992 to 1996 average.

2 U.S. Bureau of the Census. Census of Population, 1980 and 1990.

3 Hodgkinson, Harold L. *Bringing Tomorrow into Focus: Demographic Insights into the Future* (1996). Washington, D.C.: Institute for Educational Leadership, Center for Demographic Policy.

4 U.S. Bureau of the Census. 1990 Census of Population, Five-Percent Public Use Microdata Sample (PUMS).

5 *KIDS COUNT 1995 Data Book: State Profiles of Child Well-Being* (1995). Baltimore, MD: The Annie E. Casey Foundation.





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# Children in Single Parent Families

### DEFINITION

*Children in single parent families* is the percentage of children under age 18 who live in families headed by a person—male or female—without a spouse present in the home. These numbers include "own children" defined as never-married children under 18 who are related to the family head by birth, marriage, or adoption.

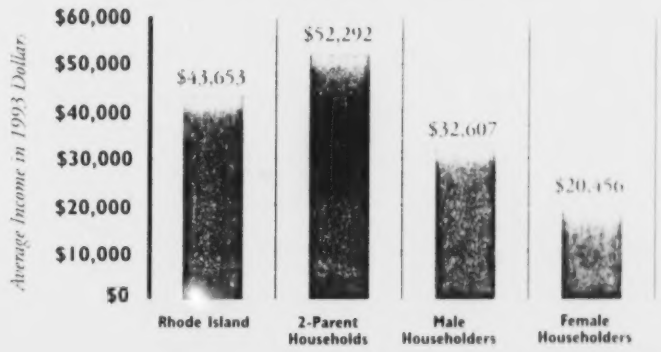
### SIGNIFICANCE

According to the Center for Demographic Policy in Washington D.C., sixty percent of all children in the United States will spend some time in a single parent family before reaching age 18. [1]

Children in single parent families are at increased risk of living in poverty when compared to children in two-parent families. [2] When the single parent is a woman, the risk of falling into poverty is greater, due to factors such as the wage gap between men and women, limited education and training for higher-wage jobs, and inadequate child support. [3] In 1994, just over half of Rhode Island's female-headed families with children were living below the poverty line. [4]

Although most Rhode Island children live with two parents, more than one in four lived in a single parent family in 1994. [5] In 1995, 34 percent of all births in Rhode Island were to unmarried women. [6] With the increasing number of non-marital births and a continuing high divorce rate, the proportion of children living with one parent has almost doubled since 1970. The increase in single parent families over the past three decades has occurred across all races and income levels. [7]

**Average Household Income for Families with Children, Rhode Island, 1994**




- **In 1994, the average household income in Rhode Island for two-parent families with children was $52,292 compared to $20,456 for single parent families headed by a woman.**

Source: U.S. Bureau of the Census, Current Population Survey, 1992 to 1996 average

- **Nearly 75% of American children growing up in single parent families experience poverty for some period in their first ten years - compared to 20% of children in two-parent families. [8]**

- **In 1994, just over half of Rhode Island's female-headed families with children were living below the poverty line. [9]**

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*Table 2*

## Children's Living Arrangements, Rhode Island, 1990

| CITY/TOWN | TOTAL FAMILY HOUSEHOLDS WITH CHILDREN UNDER 18 | NUMBER OF CHILDREN UNDER 18 YEARS: TWO-PARENT FAMILY N | TWO-PARENT FAMILY % | SINGLE PARENT FAMILY N | SINGLE PARENT FAMILY % |
|---|---|---|---|---|---|
| Barrington | 2,035 | 3,514 | 94.4% | 207 | 5.6% |
| Bristol | 2,300 | 3,660 | 88.9% | 457 | 11.1% |
| Burrillville | 2,314 | 3,824 | 87.2% | 560 | 12.8% |
| Central Falls | 2,373 | 2,859 | 61.7% | 1,778 | 38.3% |
| Charlestown | 833 | 1,244 | 83.0% | 254 | 17.0% |
| Coventry | 3,979 | 6,290 | 87.2% | 920 | 12.8% |
| Cranston | 7,911 | 11,360 | 81.2% | 2,622 | 18.8% |
| Cumberland | 3,491 | 5,551 | 90.2% | 604 | 9.8% |
| East Greenwich | 1,609 | 2,521 | 88.3% | 335 | 11.7% |
| East Providence | 5,766 | 7,950 | 81.7% | 1,776 | 18.3% |
| Exeter | 768 | 1,278 | 90.6% | 132 | 9.4% |
| Foster | 591 | 988 | 88.2% | 132 | 11.8% |
| Glocester | 1,320 | 2,036 | 88.6% | 261 | 11.4% |
| Hopkinton | 930 | 1,557 | 90.2% | 170 | 9.8% |
| Jamestown | 623 | 907 | 83.4% | 181 | 16.6% |
| Johnston | 2,851 | 4,229 | 81.7% | 945 | 18.3% |
| Lincoln | 2,181 | 3,210 | 86.1% | 518 | 13.9% |
| Little Compton | 420 | 612 | 89.7% | 70 | 10.3% |
| Middletown | 2,429 | 3,774 | 85.1% | 659 | 14.9% |
| Narragansett | 1,551 | 2,227 | 85.2% | 387 | 14.8% |
| Newport | 3,086 | 3,569 | 65.0% | 1,920 | 35.0% |
| New Shoreham | 97 | 149 | 88.7% | 19 | 11.3% |
| North Kingstown | 3,299 | 4,943 | 85.1% | 864 | 14.9% |
| North Providence | 3,115 | 4,563 | 86.6% | 706 | 13.4% |
| North Smithfield | 1,284 | 1,935 | 91.1% | 188 | 8.9% |
| Pawtucket | 8,957 | 11,266 | 73.9% | 3,976 | 26.1% |
| Portsmouth | 2,429 | 3,749 | 91.7% | 339 | 8.3% |
| Providence | 17,948 | 19,292 | 56.2% | 15,054 | 43.8% |
| Richmond | 791 | 1,344 | 94.9% | 72 | 5.1% |
| Scituate | 1,275 | 2,079 | 90.1% | 228 | 9.9% |
| Smithfield | 2,095 | 3,324 | 91.0% | 330 | 9.0% |
| South Kingstown | 2,603 | 3,681 | 81.8% | 819 | 18.2% |
| Tiverton | 1,727 | 2,477 | 84.0% | 472 | 16.0% |
| Warren | 1,356 | 1,880 | 83.8% | 364 | 16.2% |
| Warwick | 9,505 | 14,477 | 83.6% | 2,835 | 16.4% |
| Westerly | 2,746 | 4,071 | 85.7% | 680 | 14.3% |
| West Greenwich | 464 | 715 | 86.0% | 116 | 14.0% |
| West Warwick | 3,529 | 4,711 | 77.3% | 1,386 | 22.7% |
| Woonsocket | 5,650 | 6,850 | 68.6% | 3,140 | 31.4% |
| *Core Cities* | *38,014* | *43,836* | *62.8%* | *25,868* | *37.1%* |
| *Remainder of State* | *80,217* | *120,830* | *85.4%* | *20,608* | *14.6%* |
| *Rhode Island* | *118,231* | *164,666* | *78.0%* | *46,476* | *22.0%* |

### Source of Data for Table/Methodology

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

The denominator is the number of children under age 18 according to the 1990 Census of Population.

### References for Indicator


Hodgkinson, Harold L., *A Demographic Look at Tomorrow* (1992). Washington, D.C.: Institute for Educational Leadership, Center for Demographic Policy.

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Ellwood, D.T., *Poor Support: Poverty in the American Family* (1988). New York: Basic Books.

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Rhode Island Department of Health, Division of Family Health, Universal Newborn Screening Database, 1995.

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Horn, Wade, *Father Facts* (1995). Lancaster, PA: National Fatherhood Initiative.


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# Economic Well-Being

## As I Walk This Road

As I walk this road I hear
the laughter of the new season
coming forth.

I see the green as it makes its way
through the white snowy blanket
as it greets the morning sun.

The sun is gone now
and soon will appear again
to see the new colors of a new season
when the sap will flow.

As the last of the rice is put away,
and as we give thanks for a good harvest
it is time to cover our mother
with a white blanket
so she may rest.

– Ricardo Rojas



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# Median Household Income

### DEFINITION

*Median household income* is the median annual income for Rhode Island households. The median income is the dollar amount which divides the income distribution into two equal groups – half with income above the median and half with income below the median.

### SIGNIFICANCE

The median household income provides one measure of the ability of Rhode Island's families to meet the costs of food, clothing, housing, health care, transportation, child care, and higher education. In 1994, one-half of all Rhode Island families with children earned less than $37,369 and one-half earned more. [1]

The manufacturing sector, which once provided relative prosperity for a broad middle class of unskilled and semi-skilled workers, is being replaced by a service economy. [2] As the economy shifts to low paying jobs without benefits or higher paying jobs that demand advanced education and skills, it is increasingly difficult for many families with children to make ends meet. In Rhode Island in 1994, one in three households had a household income less than $25,000. [3]

In 1995, as in almost every year since 1973, real wages fell for full-time, year-round workers. Recent increases in median family income are largely the result of two-earner households and/or increases in the numbers of hours worked. [4] There is still a disparity in earnings between women and men. Women tend to obtain jobs that offer the least pay and the most insecurity. Women's earnings are below those for men in every occupational category for full-time, year-round workers. [5] Women often have sole or primary responsibility for caregiving; the less families earn, the higher the proportion of income spent on child care. [6]

**Wages and Earnings in Decline Since the 1970's**

**Median Family Income of Young Families* with Children by Educational Attainment of the Family Head, United States, 1973 and 1990 (in 1990 dollars)**

| | 1973 | 1990 | Percent Change |
|---|---|---|---|
| High School Dropout | $18,842 | $10,713 | -46% |
| High School Graduate | $28,410 | $20,000 | -30% |
| Some College | $31,710 | $27,000 | -15% |
| College Graduate | $37,757 | $38,700 | +3% |

**Young families are those headed by someone younger than 30.*

**◆ Wages and earnings at the lowest end of the labor market – primarily low-skilled workers – have collapsed over the past two decades. The hourly wage rate for a person with a high school degree has fallen in real dollars by about 30 percent since the early 1970s. A high school diploma only, without a college degree, no longer offers a path to economic security.**

Source: Children's Defense Fund and Northeastern University's Center for Labor Market Studies, *Vanishing Dreams: The Economic Plight of America's Young Families* (1992). Washington DC: Children's Defense Fund.



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## Child Support Affects Family Income

* The failure of an absent parent to pay child support has significant economic consequences for a parent raising a child or children alone.

* 84,021 Rhode Island children are currently in the State's Child Support Enforcement System. Of these, 20,731 Rhode Island children have not yet had paternity established and therefore receive no child support. Court orders for child support require the establishment of paternity.

* Even when there is a child support agreement in place, child support payments tend to be low and unreliable. Of absent parents under court order, only 36% make child support payments on time and in full.

* As of December 31, 1996, the amount past due on court ordered child support totaled $200 million dollars. This figure does not include the potential additional $56 million associated with the cases for which paternity had not yet been established.

Source: RI Department of Administration, Division of Taxation, Child Support Enforcement, December 1996.

*Table 3.*

## Median Household Income, Rhode Island, 1990

| CITY/TOWN | MEDIAN INCOME |
|---|---|
| **Barrington** | **$53,058** |
| Bristol | $34,165 |
| **Burrillville** | **$37,156** |
| Central Falls | $18,617 |
| **Charlestown** | **$36,040** |
| Coventry | $37,230 |
| **Cranston** | **$34,528** |
| Cumberland | $40,683 |
| **East Greenwich** | **$50,896** |
| East Providence | $31,007 |
| **Exeter** | **$38,179** |
| Foster | $40,795 |
| **Glocester** | **$40,000** |
| Hopkinton | $36,737 |
| **Jamestown** | **$41,518** |
| Johnston | $32,596 |
| **Lincoln** | **$37,082** |
| Little Compton | $41,187 |
| **Middletown** | **$35,228** |
| Narragansett | $35,545 |
| **Newport** | **$30,534** |
| New Shoreham | $31,471 |
| **North Kingstown** | **$40,419** |
| North Providence | $32,321 |
| **North Smithfield** | **$41,449** |
| Pawtucket | $26,541 |
| **Portsmouth** | **$42,474** |
| Providence | $22,147 |
| **Richmond** | **$40,975** |
| Scituate | $45,170 |
| **Smithfield** | **$42,523** |
| South Kingstown | $36,481 |
| **Tiverton** | **$36,170** |
| Warren | $31,637 |
| **Warwick** | **$35,786** |
| Westerly | $34,844 |
| **West Greenwich** | **$41,250** |
| West Warwick | $31,625 |
| **Woonsocket** | **$25,363** |
| ***Core Cities*** | ***N/A*** |
| ***Remainder of State*** | ***N/A*** |
| ***Rhode Island*** | ***$32,181*** |

### Source of Data for Table/Methodology

U.S. Bureau of the Census, 1990 Census of Population, 1989 dollars. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

### References for Indicator


" U.S. Bureau of the Census, Current Population Survey, 1992 to 1996 average.

' Reich, Robert B., *The Work of Nations* (1991). New York: Vantage Books.

' Thurow, Lester C., "The Case of the Vanishing Paycheck: Decline of Real Wages Has Been Slow But Dramatic", Boston Globe, December 3, 1996.

*The Status of Women in the States: Politics-Economics-Health-Demographics* (1996). Washington, D.C.: Institute for Women's Policy Research.

' Deborah Phillips and Anne Bridgman (eds.), *New Findings on Children, Families, and Economic Self-Sufficiency* (1995). Washington, D.C.: Board on Children and Families, National Research Council, Institute of Medicine.





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# Cost of Rent

### DEFINITION

*Cost of rent* is the percentage of income needed by a low-income renter to cover the average cost of rent, including heat, in a community. Generally, rent burdens over 30% are considered unaffordable.[1] A low-income renter is defined as income 30% below the 1996 median renter income.

### SIGNIFICANCE

Data from the 1993 American Housing Survey indicate that the shortage of affordable housing for low-income renters is now wider than ever before. The number of low-cost units has fallen while the number of low-income families has grown.[2] In Rhode Island there are nearly two low-income renters for every low-rent unit. Sixty-nine percent of Rhode Island's low-income renter households spend 30% or more of their income on housing, and 49% of low-income renters spend more than half of their income on rent.[3]

The shortage of safe, affordable housing has resulted in thousands of Rhode Island families living in substandard housing. Much of the state's rental housing stock is more than fifty years old, and many units are in need of repair. Serious housing and building code violations – including roach and rodent infestation, lead exposure, faulty wiring, inadequate heating systems, and unsanitary plumbing problems – threaten the health and development of children.

The shortage of affordable apartments and the dwindling number of housing subsidies has caused many Rhode Island families to "double-up", resulting in overcrowded, unstable living conditions. With a large percentage of family income going toward rent, any interruption in income or unexpected expense can place families at risk of homelessness.

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**Affordable Rents for Selected Family Income Levels**
**Rhode Island, 1996**

| Income Level | Annual Income 1996 | Affordable Rent (30% of Income) |
|---|---|---|
| Median Income Renter | $26,193 | $654 |
| Low-Income Renter | $18,335 | $458 |
| Poverty Level Family of Three | $12,980 | $324 |
| AFDC Family of Three (with Food Stamps) | $9,816 | $245 |

In 1996, the average rent for a two-bedroom apartment in Rhode Island was $590.

Source: Rhode Island Housing and Mortgage Finance Corporation, January, 1997. Median renter income is from the U.S. Bureau of the Census, Current Population Survey, 1996.

**Shortage of Affordable Housing**
**Affects Children's Health and Education**

- According to a series of studies conducted at Boston City Hospital, many families have to choose between paying for rent (and heat) and feeding their children, especially during the winter months. Children in families without rent subsidies were more likely to have iron deficiencies and inadequate weight than children who lived in subsidized apartments. These children were also more likely to be underweight in the 90 days following the coldest month of the year.[4] In Rhode Island only 27% of families receiving AFDC benefits receive a rental subsidy.[5]

- A rapid succession of moves due to an unstable living situation has a negative impact on a child's education. Rhode Island educators, particularly in the core cities, report a rise in the number of students moving in and out of their school communities during the course of an academic year. The more children move, the more likely they are to drop out of school, regardless of family income, ethnicity, or parents' marital status.[6]





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*Table 4*

## Cost of Rental Housing for Low-Income Families, RI, 1996

| CITY/TOWN | 1996 AVERAGE RENT 2-BEDROOM | 1996 LOW-INCOME RENTER INCOME | % INCOME NEEDED FOR RENT LOW-INCOME RENTER | 1996 POVERTY LEVEL FAMILY OF THREE | % INCOME NEEDED FOR RENT POVERTY LEVEL FAMILY OF THREE |
|---|---|---|---|---|---|
| Barrington | $810 | $18,335 | 53% | $12,980 | 75% |
| Bristol | $569 | $18,335 | 37% | $12,980 | 53% |
| Burrillville | $790 | $18,335 | 52% | $12,980 | 73% |
| Central Falls | $479 | $18,335 | 31% | $12,980 | 44% |
| Charlestown | $615 | $18,335 | 40% | $12,980 | 57% |
| Coventry | $621 | $18,335 | 41% | $12,980 | 57% |
| Cranston | $596 | $18,335 | 39% | $12,980 | 55% |
| Cumberland | $626 | $18,335 | 41% | $12,980 | 58% |
| East Greenwich | $631 | $18,335 | 41% | $12,980 | 58% |
| East Providence | $569 | $18,335 | 37% | $12,980 | 53% |
| Exeter | NA | $18,335 | NA | $12,980 | NA |
| Foster | NA | $18,335 | NA | $12,980 | NA |
| Glocester | NA | $18,335 | NA | $12,980 | NA |
| Hopkinton | $648 | $18,335 | 42% | $12,980 | 60% |
| Jamestown | $715 | $18,335 | 47% | $12,980 | 66% |
| Johnston | $592 | $18,335 | 39% | $12,980 | 55% |
| Lincoln | $540 | $18,335 | 35% | $12,980 | 50% |
| Little Compton | $732 | $18,335 | 48% | $12,980 | 68% |
| Middletown | $654 | $18,335 | 43% | $12,980 | 60% |
| Narragansett | $760 | $18,335 | 50% | $12,980 | 70% |
| Newport | $680 | $18,335 | 45% | $12,980 | 63% |
| New Shoreham | NA | $18,335 | NA | $12,980 | NA |
| North Kingstown | $638 | $18,335 | 42% | $12,980 | 59% |
| North Providence | $584 | $18,335 | 38% | $12,980 | 54% |
| North Smithfield | $620 | $18,335 | 41% | $12,980 | 57% |
| Pawtucket | $503 | $18,335 | 33% | $12,980 | 47% |
| Portsmouth | $705 | $18,335 | 46% | $12,980 | 65% |
| Providence | $554 | $18,335 | 36% | $12,980 | 51% |
| Richmond | $648 | $18,335 | 42% | $12,980 | 60% |
| Scituate | $745 | $18,335 | 49% | $12,980 | 69% |
| Smithfield | $701 | $18,335 | 46% | $12,980 | 65% |
| South Kingstown | $635 | $18,335 | 42% | $12,980 | 59% |
| Tiverton | $715 | $18,335 | 47% | $12,980 | 66% |
| Warren | $559 | $18,335 | 37% | $12,980 | 52% |
| Warwick | $674 | $18,335 | 44% | $12,980 | 62% |
| Westerly | $637 | $18,335 | 42% | $12,980 | 59% |
| West Greenwich | NA | $18,335 | NA | $12,980 | NA |
| West Warwick | $607 | $18,335 | 40% | $12,980 | 56% |
| Woonsocket | $495 | $18,335 | 32% | $12,980 | 46% |
| *Core Cities* | *$554* | *$18,335* | *NA* | *$12,980* | *NA* |
| *Remainder of State* | *$618* | *$18,335* | *NA* | *$12,980* | *NA* |
| *Rhode Island* | *$590* | *$18,335* | 39% | *$12,980* | 55% |

### Source of Data for Table/Methodology

Rhode Island Housing and Mortgage Finance Corporation, January 1996. A low-income renter is defined as 80% below 1996 median renter income. Rent burdens over 30% are considered unaffordable. Average rents are based on a sample of 1,177 units available in Rhode Island during 1996. Rents include the HUD allowance for heat, if heat was not included in the advertised rent.

### References for Indicator


[1] *The State of Rhode Island Consolidated Plan, Fiscal Year 1995-1998* (1994). Providence, RI: Rhode Island Housing and Mortgage Finance Corporation.

[2] *In Short Supply: The Growing Affordable Housing Gap* (1995). Washington, D.C.: Center on Budget and Policy Priorities.

[3] U.S. Bureau of the Census, *American Housing Survey* (1993). Washington, D.C.: U.S. Department of Housing and Urban Development.

[4] *America's Children at Risk: A National Agenda for Legal Action* (1993). Washington, D.C.: American Bar Association.

[5] The New York Times Magazine, *The Year That Housing Died*, October 22, 1996; and A. Meyers, D. Rubin, M. Napoleone, and K. Nichols, "Public housing subsidies may improve poor children's nutrition." Letter to the Editor. *American Journal of Public Health* 83 (1):115, January 1993.

[6] Rhode Island Department of Human Services, INRHODES Database, December 1, 1996.

[7] Weissbourd, Richard, *The Vulnerable Child* (1996). New York: Addison-Wesley Publishing Company.





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# Children in Poverty

## DEFINITION

*Children in poverty* is the percentage of related children under age 18 who live in families below the poverty threshold, as defined by the U.S. Office of Management and Budget. "Related children" include the head of the family's children by birth, marriage, and adoption, as well as other persons under age 18 who are related to the family head, and live in the home, such as nieces and nephews.

## SIGNIFICANCE

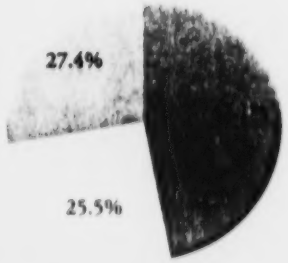
In 1994, almost one in five Rhode Island children lived in poverty. Eighty percent of Rhode Island's poor children were white; yet, black, Hispanic, and Native American children were three times as likely to be living in poverty.[1] Children most at risk of not achieving their full potential are children in poverty, regardless of race. Poverty is related to every KIDS COUNT indicator. Children who grow up in poor families are more likely to go without necessary food and clothing, lack basic health care, live in substandard housing, and have unequal access to educational opportunities.

In 1996, the official poverty level for a family of four was $15,600. This is less than half the median family income for Rhode Island families with children.[2] Almost half of all poor children in Rhode Island in 1994 lived in families in which one or both parents worked full or part-time. Over time, many more people are poor than the official poverty line suggests. There is considerable movement into and out of poverty each year. Those living with incomes close to the poverty line are vulnerable to falling below the poverty line due to changes in employment, housing and utility costs, and life changes such as the birth of a child, changes in marital status, and illness or disability.

### Rhode Island's Poor Children, 1994

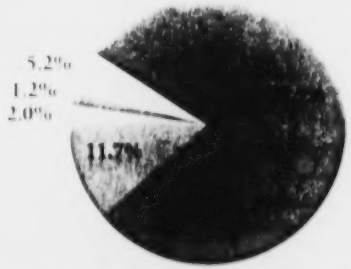
**By Age**

47.1% Ages 5 and younger
25.5% Ages 6 to 11
27.4% Ages 12 to 17




**By Race***

79.9% White
11.7% Black
2.0% Asian
1.2% Native American
5.2% Other




** Hispanic children may be included in any race category. Of Rhode Island's 39,390 poor children 27.3% are Hispanic.*

**• In 1994, there were 39,390 poor children in Rhode Island, 18% of all Rhode Island children. This is an increase from 1990 when 14% of children lived in poverty.**

Source: U.S. Bureau of the Census, Current Population Survey, 1992-1996 averages and 1990 Census of Population

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## Young Children in Poverty, Rhode Island, 1994

* Research shows that the quality of a child's environment and social interactions in the early years affect brain development, producing lifelong impacts on learning, social skills, and mental health. [8]

* The experience of poverty has particularly damaging effects in early childhood. Young children in poverty are more likely to experience delays in their physical, cognitive, language, and emotional development, which in turn affects their readiness for school. [9]

* In 1994, almost half of Rhode Island's poor children were under age 6. One in five Rhode Island children under the age of six was living in poverty.[10]

* As of December 1, 1996, there were 16,775 young children under age 6 receiving benefits through the Aid to Families with Dependent Children program.[11] Special attention to the well-being of these children is important as the AFDC program is eliminated and Rhode Island creates a new support program for needy families under the recently enacted state and federal welfare reform laws.

* Young children born into poverty are more likely to... [12]
  - be born with low birthweight;
  - die in infancy or early childhood;
  - be hospitalized during childhood;
  - receive lower quality medical care;
  - experience hunger and malnutrition;
  - be victims of or witnesses to violence;
  - be exposed to environmental toxins.



## Investments in Young Children Improve Outcomes

According to a recent Carnegie Corporation report, *Starting Points: Meeting the Needs of Our Youngest Children,* investments in the first three years of life improve child outcomes and reduce costs to society. To support families with young children, the report recommends investments in several areas, including:[13]

### Early Prenatal Care

* Timely and comprehensive prenatal care significantly increases the likelihood of delivering a healthy infant of normal birthweight. Prevention of low birthweight reduces medical care costs in the first years of life and reduces costs for special education in the school-age years.

### Health Care for Children

* Comprehensive health care for children includes preventive care, acute care, immunizations, lead screening, preventive dental care, vision and hearing tests, developmental and behavioral assessments, and parent education and counseling.

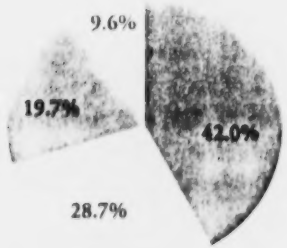
### Quality Child Care and Early Education

* Families need reliable child care options that provide caring, consistent relationships and create environments where young children can learn and flourish. Quality early care and education benefits children from both high-risk and low-risk family backgrounds.

# Children in Poverty

## Poor Children Under Age 6 in the U.S., by Source of Family Income, 1994

42.0% — Earnings Only
28.7% — Public Assistance Only
19.7% — Earnings and Public Assistance
9.6% — Other




*Total number of young children in poverty is 6.1 million*

Source: National Center for Children in Poverty, *One in Four* (1996). New York: Columbia University, School of Public Health, National Center for Children in Poverty.

## Working Poor Families

- In 1994, 46% of poor families worked full or part-time.[14] Factors related to poverty among working families include the predominance of service and retail jobs that pay lower wages, the declining value of the minimum wage, and the inability to find full-time, year-round work. [15]

- A person working 40 hours per week at the Rhode Island minimum wage of $5.15 per hour will earn $10,712 annually, about two-thirds of the 1996 poverty level income of $15,600 for a family of four.

- Federal and state efforts to reform the current AFDC system include linking cash assistance to participation in the labor force. Sustainable employment requires jobs and supports that provide adequate resources for child care, health insurance, and transportation. Part-time, temporary or seasonal work, and non-traditional work shifts make child care arrangements fragile.

- The Rhode Island Family Independence Act seeks to increase the economic security of low-income working families by expanding health care coverage and child care subsidies, and allowing recipients to keep more of their earnings before cash assistance is decreased or terminated.

- The Earned Income Tax Credit is a credit on the federal income tax, available since 1975, to low-income and moderate-income working families with children. The EITC increases the income available to working poor families and helps to bring minimum wage earners up to the poverty threshold (when combined with Food Stamps).[16]



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*Table 5.*

## Child Poverty, Rhode Island, 1990

| CITY/TOWN | FAMILIES WITH CHILDREN BELOW POVERTY | | CHILDREN UNDER 18 BELOW POVERTY | | CHILDREN UNDER 6 BELOW POVERTY | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Barrington | 27 | 1.3% | 52 | 1.3% | 33 | 2.6% |
| Bristol | 108 | 4.5% | 253 | 5.9% | 128 | 8.3% |
| Burrillville | 148 | 6.3% | 276 | 6.1% | 119 | 8.5% |
| Central Falls | 710 | 28.5% | 1,576 | 32.5% | 749 | 38.0% |
| Charlestown | 68 | 7.8% | 145 | 9.4% | 39 | 6.4% |
| Coventry | 199 | 4.7% | 402 | 5.3% | 180 | 7.3% |
| Cranston | 735 | 8.9% | 1,378 | 9.5% | 562 | 10.9% |
| Cumberland | 145 | 4.0% | 302 | 4.7% | 151 | 7.4% |
| East Greenwich | 75 | 4.6% | 153 | 5.3% | 112 | 13.0% |
| East Providence | 499 | 8.0% | 904 | 8.7% | 355 | 9.9% |
| Exeter | 26 | 3.3% | 52 | 3.6% | 5 | 1.0% |
| Foster | 34 | 5.5% | 88 | 7.6% | 0 | 0.0% |
| Glocester | 99 | 7.2% | 156 | 6.5% | 77 | 10.0% |
| Hopkinton | 40 | 4.1% | 75 | 4.1% | 9 | 1.4% |
| Jamestown | 59 | 8.9% | 92 | 8.1% | 45 | 11.9% |
| Johnston | 266 | 9.0% | 452 | 8.4% | 187 | 10.6% |
| Lincoln | 164 | 7.2% | 272 | 7.0% | 98 | 7.2% |
| Little Compton | 12 | 2.6% | 20 | 2.7% | 15 | 5.1% |
| Middletown | 129 | 5.1% | 275 | 6.0% | 158 | 9.1% |
| Narragansett | 71 | 4.4% | 122 | 4.5% | 36 | 3.6% |
| Newport | 559 | 17.7% | 1,143 | 20.3% | 575 | 27.0% |
| New Shoreham | 12 | 12.4% | 17 | 10.1% | 6 | 10.0% |
| North Kingstown | 185 | 5.4% | 281 | 4.7% | 121 | 6.1% |
| North Providence | 182 | 5.6% | 298 | 5.4% | 78 | 4.3% |
| North Smithfield | 23 | 1.7% | 37 | 1.6% | 19 | 3.1% |
| Pawtucket | 1,255 | 13.4% | 2,525 | 15.5% | 1,096 | 17.3% |
| Portsmouth | 95 | 3.8% | 182 | 4.4% | 70 | 5.2% |
| Providence | 5,621 | 29.2% | 12,946 | 34.5% | 5,531 | 36.8% |
| Richmond | 9 | 1.1% | 30 | 2.0% | 0 | 0.0% |
| Scituate | 45 | 3.3% | 91 | 3.7% | 19 | 2.3% |
| Smithfield | 75 | 3.4% | 155 | 4.1% | 61 | 4.9% |
| South Kingstown | 134 | 4.9% | 350 | 7.5% | 133 | 8.7% |
| Tiverton | 109 | 6.0% | 200 | 6.4% | 81 | 7.9% |
| Warren | 132 | 9.3% | 199 | 8.5% | 56 | 6.2% |
| Warwick | 519 | 5.1% | 1,084 | 5.9% | 448 | 7.2% |
| Westerly | 210 | 7.3% | 432 | 8.7% | 224 | 12.9% |
| West Greenwich | 14 | 2.9% | 26 | 2.9% | 11 | 4.2% |
| West Warwick | 395 | 10.7% | 746 | 11.8% | 291 | 13.0% |
| Woonsocket | 1,183 | 20.0% | 2,235 | 21.4% | 1,034 | 26.9% |
| ***Core Cities*** | ***9,328*** | ***23.2%*** | ***20,425*** | ***27.3%*** | ***8,985*** | ***30.7%*** |
| ***Remainder of State*** | ***5,043*** | ***6.0%*** | ***9,597*** | ***6.5%*** | ***3,927*** | ***7.9%*** |
| ***Rhode Island*** | ***14,371*** | ***11.6%*** | ***30,022*** | ***13.5%*** | ***12,912*** | ***16.3%*** |

### Source of Data for Table/Methodology

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

The denominator is all children under age 18 according to the 1990 Census of Population.

### References for Indicator


[1,3,5,7,9,11] U.S. Bureau of the Census, Current Population Survey, 1992 to 1996 average.

[2] Children's Defense Fund, *Wasting America's Future: The Children's Defense Fund Report on the Costs of Child Poverty* (1994). Boston: Beacon Press.

[4] O'Hare, William P., "A New Look at Poverty in America," *Population Bulletin* (Vol. 51, No. 2, September 1996). Washington, D.C.: Population Reference Bureau, Inc.

[6] *Starting Points: Meeting the Needs of Our Youngest Children* (1994). New York: Carnegie Corporation.

[8] National Center for Children in Poverty, *One in Four* (1996). New York: Columbia University, School of Public Health, National Center for Children in Poverty.

[10] Rhode Island Department of Human Services, INRHODES Database, December 1, 1996.

[12] Seavey, D.K., *Back to Basics: Women's Poverty and Welfare Reform* (1995). Wellesley, MA: Center for Research on Women, Wellesley College.

[13] Scholz, John Karl, "Alternatives to Welfare Income: The EITC" in *Strategies for Self Sufficiency: Jobs, Earnings, Child Support and the Earned Income Tax Credit* (May 1995). Madison, WI: University of Wisconsin-Madison, Institute for Research on Poverty.


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# Children Receiving AFDC

### DEFINITION

*Children receiving AFDC* is the percentage of children less than age 18 who were living in families enrolled in Aid to Families with Dependent Children (AFDC) on December 1, 1996. These data measure the number of children and families participating in AFDC at one point in time. They do not count the additional children and families who qualified for the program at other points in the year but were not enrolled on December 1, 1996.

### SIGNIFICANCE

AFDC is an income support program for 38,844 Rhode Island children, almost half of whom are under the age of six. Children make up two-thirds of the AFDC caseload; families enrolled in AFDC have an average of two children. One in six Rhode Island children less than age 18 receives AFDC benefits. In the cities of Providence and Central Falls, one in three children less than age 18 receives AFDC benefits.[1]

Cash assistance through the AFDC program has a significant impact on the ability of poor families to provide food, shelter, and clothing for their children. The average monthly AFDC benefit for a Rhode Island family of three is $554 per month. With an additional average of $264 per month in Food Stamps, the average monthly combined benefit is $818. This amount is 25% below the poverty line of $12,980 for a family of three. Only 27% of current AFDC recipients receive housing subsidies.[2] While cash benefits alone do not lift families out of poverty, they provide a minimal subsistence for poor families.

Recently enacted federal law eliminates the sixty year-old AFDC program and replaces it with block grants to the states, which will administer their own welfare programs. As new welfare programs are designed and implemented, it will be important to monitor the changes to be sure that children do not become more impoverished than they already are under the existing system.

### Federal and State Welfare Reform Laws

- On August 22, 1996, President Clinton signed into law the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 which makes significant changes in many public benefit programs, including Aid to Families with Dependent Children (AFDC). The federal welfare law repeals the AFDC program and replaces it with the Temporary Assistance to Needy Families program (TANF).

- The federal law institutes a five-year time limit for receipt of cash assistance and other benefits, reduces Food Stamp benefit levels, and makes many disabled children ineligible for Supplemental Security Income (SSI) cash benefits. The federal law severely limits the eligibility of legal immigrants to a variety of federally-funded programs, including Food Stamps and Supplemental Security Income for the disabled.

- Under the federal welfare reform law, states are free to develop their own programs for the support of needy children. Rhode Island's welfare reform program, including eligibility rules, is set forth in the Rhode Island Family Independence Act (FIA). The FIA was passed by the RI General Assembly and signed by Governor Almond in August 1996, a few weeks prior to the enactment of the federal law.

- The Rhode Island Family Independence Act provides cash assistance without time limits to all eligible children; sets a five-year time limit on the receipt of cash assistance for adults; allows two-parent and single parent families to obtain assistance; allows working recipients to keep more of their earnings before cash assistance is decreased or terminated; and expands child care subsidies and health coverage for low-income working families.

## Measures of Success for Welfare Reform

### Assists Families in Obtaining Sustainable Work and Moves Them Out of Poverty

Welfare reforms that increase family income by moving families into sustainable jobs are likely to benefit children. Poverty has a negative effect on child well-being, whether a family is poor because of reliance on income-support programs such as AFDC or because of the inadequacy of earned wages.[3]

◆ The Rhode Island Family Independence Act seeks to increase family income by allowing parents to keep more of their earnings before cash assistance is decreased or terminated. In addition, two-parent families can receive assistance if they meet eligibility criteria.

Different educational backgrounds require different strategies to successfully enter the labor market. Having prior work experience, a high school diploma, and job training all increase the likelihood that AFDC recipients will find work.[4]

◆ The Rhode Island Family Independence Act seeks to promote entry into sustainable jobs by providing assistance with job placement as well as connecting parents to English-language programs, literacy programs, vocational education, and post-secondary education.

◆ *Components of the RI Family Independence Act.*

### Provides Access to a Range of Supports Needed By Low-Income Families

For many low-income families, AFDC has traditionally provided an entry point into other income support programs (such as Food Stamps and WIC) as well as access to medical assistance, Head Start, subsidized child care, and other social service systems.[5]

As AFDC is dismantled, it will be important to extend outreach to families eligible for a range of public assistance benefits and social services. If participation in other related benefits programs drops due to lack of information, outreach, or funding, the growth and development of children who rely on these programs could be jeopardized.

◆ The Rhode Island Family Independence Act (FIA) seeks to make health care and child care affordable to Rhode Island's working families, whether or not they receive cash assistance. The FIA makes full or partial child care subsidies available to all working families with incomes less than 185% of poverty, and expands health coverage to children ages 8 to 18 if they live in families with incomes less than 250% of poverty.

# Children Receiving AFDC

## Measures of Success for Welfare Reform

### Supports the Healthy Development of Children

- As of December 1, 1996, four out of every five children receiving AFDC were ages 12 or under. Welfare reforms that provide children with high-quality child care and increase access to health care, will have positive impacts on child well-being.[6]

◆ The Rhode Island Family Independence Act seeks to maintain and enhance the child care supply by providing child care subsidies to working families, extending health care coverage through RIte Care for certified family child care providers who care for low-income children, and increasing the reimbursement rate for licensed child care providers by 5%.

- The safety and healthy development of children requires quality standards for the licensing and regulation of child care providers, including family child care providers. Research shows that low-quality child care has significant negative impacts on the growth and development of children, especially low-income children.

### Supports the Caregiving Capacity of Parents

- Parents need good quality affordable child care in order to make a successful transition to sustained employment. Welfare reforms that do not compromise the caregiving role of parents are likely to be most protective of the well-being of children. [8] Single parents, parents with non-traditional work hours, disabled caregivers, and parents of disabled children may need additional support.

◆ Under the Rhode Island Family Independence Act, a parent with a youngest child under age 1 is exempt from the work requirement; appropriate child care must be available for all children under age 13 before a parent is required to fulfill work requirements.

◆ *Components of the RI Family Independence Act.*

*Table 6*

**Young Children in Families Receiving AFDC, Rhode Island, December 1, 1996**

| CITY/TOWN | NUMBER OF CHILDREN UNDER 3 YEARS | 3 TO 5 YEARS | 6 TO 12 YEARS |
|---|---|---|---|
| Barrington | 6 | 8 | 18 |
| Bristol | 59 | 61 | 107 |
| Burrillville | 45 | 43 | 79 |
| Central Falls | 430 | 470 | 698 |
| Charlestown | 25 | 21 | 30 |
| Coventry | 105 | 103 | 154 |
| Cranston | 352 | 342 | 692 |
| Cumberland | 79 | 67 | 118 |
| East Greenwich | 24 | 27 | 63 |
| East Providence | 225 | 269 | 470 |
| Exeter | 13 | 11 | 16 |
| Foster | 10 | 5 | 16 |
| Glocester | 14 | 11 | 27 |
| Hopkinton | 27 | 26 | 45 |
| Jamestown | 5 | 3 | 6 |
| Johnston | 113 | 114 | 225 |
| Lincoln | 61 | 44 | 98 |
| Little Compton | 1 | 2 | 4 |
| Middletown | 34 | 44 | 81 |
| Narragansett | 43 | 45 | 66 |
| Newport | 293 | 315 | 442 |
| New Shoreham | 1 | 2 | 3 |
| North Kingstown | 95 | 98 | 152 |
| North Providence | 133 | 128 | 229 |
| North Smithfield | 16 | 6 | 20 |
| Pawtucket | 920 | 939 | 1,641 |
| Portsmouth | 22 | 18 | 51 |
| Providence | 3,575 | 3,914 | 6,897 |
| Richmond | 21 | 12 | 20 |
| Scituate | 15 | 19 | 30 |
| Smithfield | 23 | 20 | 39 |
| South Kingstown | 44 | 57 | 149 |
| Tiverton | 25 | 33 | 62 |
| Warren | 50 | 49 | 102 |
| Warwick | 319 | 317 | 575 |
| Westerly | 99 | 100 | 187 |
| West Greenwich | 2 | 8 | 22 |
| West Warwick | 233 | 203 | 322 |
| Woonsocket | 645 | 619 | 1167 |
| *Core Cities* | *5,863* | *6,257* | *10,845* |
| *Remainder of State* | *2,339* | *2,316* | *4,278* |
| *Rhode Island* | *8,202* | *8,573* | *15,123* |

*Table 7*

## Number of Children Under 18 Receiving AFDC, Rhode Island, December 1, 1996

| CITY/TOWN | 1996 ESTIMATED # OF CHILDREN UNDER 18 | AFDC FAMILIES | AFDC CHILDREN | 1996 AS % OF ALL CHILDREN UNDER 18 | 1995 AS % OF ALL CHILDREN UNDER 18 |
|---|---|---|---|---|---|
| Barrington | 3,782 | 24 | 40 | 1.1% | 1.5% |
| Bristol | 4,648 | 148 | 269 | 5.8% | 6.9% |
| Burrillville | 4,310 | 100 | 208 | 4.8% | 5.2% |
| Central Falls | 5,988 | 894 | 1,920 | 32.1% | 33.5% |
| Charlestown | 1,854 | 51 | 95 | 5.1% | 4.6% |
| Coventry | 7,483 | 229 | 443 | 5.9% | 6.6% |
| Cranston | 15,553 | 934 | 1,747 | 11.2% | 11.5% |
| Cumberland | 6,415 | 160 | 303 | 4.7% | 5.3% |
| East Greenwich | 2,628 | 73 | 140 | 5.3% | 5.9% |
| East Providence | 11,140 | 636 | 1,165 | 10.5% | 11.5% |
| Exeter | 1,484 | 22 | 48 | 3.2% | 3.2% |
| Foster | 1,159 | 20 | 37 | 3.2% | 3.4% |
| Glocester | 2,376 | 31 | 63 | 2.7% | 4.0% |
| Hopkinton | 1,893 | 60 | 120 | 6.3% | 6.4% |
| Jamestown | 1,161 | 10 | 17 | 1.5% | 1.7% |
| Johnston | 5,810 | 298 | 539 | 9.3% | 10.3% |
| Lincoln | 3,982 | 125 | 237 | 6.0% | 6.3% |
| Little Compton | 740 | 9 | 13 | 1.8% | 2.0% |
| Middletown | 4,976 | 87 | 195 | 3.9% | 4.8% |
| Narragansett | 3,093 | 93 | 185 | 6.0% | 5.9% |
| Newport | 6,539 | 597 | 1,257 | 19.2% | 20.3% |
| New Shoreham | 218 | 3 | 6 | 2.8% | 1.9% |
| North Kingstown | 6,029 | 217 | 400 | 6.6% | 7.7% |
| North Providence | 6,131 | 353 | 608 | 9.9% | 9.9% |
| North Smithfield | 2,035 | 24 | 53 | 2.6% | 3.0% |
| Pawtucket | 19,024 | 2,038 | 4,153 | 21.8% | 23.7% |
| Portsmouth | 4,073 | 67 | 119 | 2.9% | 3.0% |
| Providence | 46,902 | 7,765 | 17,685 | 37.7% | 40.1% |
| Richmond | 1,582 | 36 | 66 | 4.2% | 6.5% |
| Scituate | 2,415 | 35 | 75 | 3.1% | 3.6% |
| Smithfield | 3,909 | 62 | 105 | 2.7% | 3.5% |
| South Kingstown | 4,932 | 142 | 323 | 6.5% | 6.7% |
| Tiverton | 3,081 | 76 | 144 | 4.7% | 5.7% |
| Warren | 2,701 | 124 | 244 | 9.0% | 10.8% |
| Warwick | 18,984 | 812 | 1,486 | 7.8% | 8.1% |
| Westerly | 5,580 | 232 | 487 | 8.7% | 10.5% |
| West Greenwich | 924 | 21 | 44 | 4.8% | 6.2% |
| West Warwick | 7,307 | 451 | 912 | 12.5% | 13.8% |
| Woonsocket | 11,961 | 1,369 | 2,893 | 24.2% | 26.7% |
| *Core Cities* | *90,414* | *12,663* | *27,908* | *30.9%* | *32.9%* |
| *Remainder of State* | *154,388* | *5,765* | *10,936* | *7.1%* | *7.7%* |
| *Rhode Island* | *244,802* | *18,428* | *38,844* | *15.9%* | *16.9%* |

### Source of Data for Tables/Methodology

Rhode Island Department of Human Services, INRHODES Database, December 1, 1996. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

The denominator is the number of children ages one to eleven according to the 1990 Census of Population, plus six times the average number of births for the years 1989 to 1993.

### References for Indicator


[1] Rhode Island Department of Human Services, INRHODES Database, December 1, 1996.

[2] Collins, A., Jones, S., Bloom, H. (1996). *Children and Welfare Reform: Highlights from Recent Research.* New York: National Center for Children in Poverty, Columbia University School of Public Health.

[3] *Welfare That Works: The Working Lives of AFDC Recipients, A Report to the Ford Foundation* (1995). Washington: Institute for Women's Policy Research.

[4] Splater-Roth, R. and E. Soto, *Food Stamps and AFDC: A Double Life-Line for Low-Income Working Single Mothers* (1996). Washington, D.C.: Institute for Women's Policy Research.

[5] *Early Childhood Care and Education, An Investment That Works* (1995). Washington, DC: National Conference of State Legislature.

[6] Bogenschneider, K. and T. Corbett, *Welfare Reform: Can Government Promote Parental Self-Sufficiency While Ensuring the Well-Being of Children?* (1995). Madison, WI: University of Wisconsin-Madison Institute for Research on Poverty.


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# Children Receiving Food Stamps

### DEFINITION

*Children receiving food stamps* is the percentage of income-eligible children under age 18 who participate in the Food Stamp program.

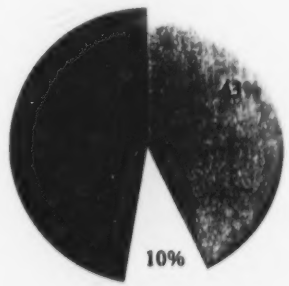
### SIGNIFICANCE

The Food Stamp program provides coupons which can be used for the purchase of specific foods at retail stores. Research shows that participation in the Food Stamp program increases a family's ability to purchase an adequate low-cost diet and helps low-income households achieve better nutritional intake.[1] To qualify for Food Stamps, households must have incomes at or below 130% of poverty and meet requirements which limit the value of assets, such as cash and automobiles. The federal government pays 100% of Food Stamp program benefits and 50% of administrative costs. The program is an entitlement, meaning that federal funding is provided to all applicants who meet eligibility requirements.

There are 45,830 children in Rhode Island who receive benefits from the Food Stamp program, as of December 1, 1996. Almost half of all food stamp recipients in Rhode Island are children under age 18.

**Food Stamp Participation by Age, Rhode Island, December 1996**

43% Children Under Age 18, Receiving AFDC
10% Children Under Age 18, Not Receiving AFDC
47% Adults




*Total Served is 86,333*

Source: RI Department of Human Services, INRHODES Database, December 1, 1996

### Rhode Island Children Receiving Food Stamps

- 64% of Rhode Island children who live in families that meet the income eligibility requirement for Food Stamps participate in the program. These participation rates are comparable to national rates.[3] Barriers to participation among eligible families with children can include lack of information about how to apply for the program, perceived stigma, and difficulties with transportation to local offices.[4]

- Families receiving food stamps often run out of food before the end of the month.[5] The average monthly food stamp benefit of $264 for a family of three, represents about 75 cents per person per meal, rarely enough to meet the total food requirements for a family. A 1993 survey of people using emergency food pantries and soup kitchens in Rhode Island indicates that 57% received food stamps that ran out before the end of the month.[6]

- Four out of five children receiving food stamps live in families that also receive AFDC benefits.[7] The combined benefits of AFDC and food stamps leave a family 25% below the poverty line.

- As AFDC is reshaped by welfare reform legislation, it will be important to provide outreach so that families who are eligible for the Food Stamp program still apply. Research shows that families eligible for food stamps that do not participate in AFDC are less likely to access the Food Stamp program.[8]

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*Table 8*

## Number of Children Under 18 Receiving Food Stamps, Rhode Island, December 1, 1996

| CITY/TOWN | ESTIMATED NUMBER ELIGIBLE | NUMBER OF ELIGIBLE PARTICIPATING | % OF ELIGIBLE PARTICIPATING |
|---|---|---|---|
| Barrington | 89 | 56 | 63% |
| Bristol | NA | 364 | NA |
| Burrillville | 535 | 294 | 55% |
| Central Falls | 4,962 | 2,360 | 48% |
| Charlestown | NA | 143 | NA |
| Coventry | 913 | 541 | 59% |
| Cranston | 2,853 | 2,018 | 71% |
| Cumberland | 601 | 393 | 65% |
| East Greenwich | 220 | 165 | 75% |
| East Providence | 2,539 | 1,384 | 55% |
| Exeter | NA | 53 | NA |
| Foster | 138 | 45 | 33% |
| Glocester | 292 | 118 | 40% |
| Hopkinton | NA | 133 | NA |
| Jamestown | 71 | 22 | 31% |
| Johnston | 763 | 699 | 92% |
| Lincoln | 339 | 332 | 98% |
| Little Compton | 71 | 32 | 45% |
| Middletown | 730 | 287 | 39% |
| Narragansett | 403 | 209 | 52% |
| Newport | 2,321 | 1,513 | 65% |
| New Shoreham | 4 | 6 | 100% |
| North Kingstown | 648 | 435 | 67% |
| North Providence | 926 | 764 | 83% |
| North Smithfield | 154 | 69 | 45% |
| Pawtucket | 9,410 | 4,981 | 53% |
| Portsmouth | 215 | 161 | 75% |
| Providence | 35,108 | 20,250 | 58% |
| Richmond | NA | 81 | NA |
| Scituate | 158 | 93 | 59% |
| Smithfield | 223 | 143 | 64% |
| South Kingstown | 491 | 334 | 68% |
| Tiverton | 377 | 177 | 47% |
| Warren | NA | 315 | NA |
| Warwick | 2,866 | 1,686 | 59% |
| Westerly | 875 | 574 | 66% |
| West Greenwich | NA | 52 | NA |
| West Warwick | 2,023 | 1,078 | 53% |
| Woonsocket | 6,192 | 3,470 | 56% |
| *Core Cities* | *58,161* | *32,574* | *56%* |
| *Remainder of State* | *20,728* | *13,256* | *64%* |
| *Rhode Island* | *72,077* | *45,830* | *64%* |

### Source of Data for Tables/Methodology

Estimated number eligible is based on the total number of children ages birth to 18 (projections from the 1990 Census) multiplied by the % of students eligible for free School Lunch in each community. Families with incomes less than 130% of poverty are eligible for free School Lunch and for food stamps (the Food Stamp program also has an assets limitation as part of eligibility determination). Free lunch percentages are from the Rhode Island Department of Education, October 1995.

Food Stamp program participation data are from the Rhode Island Department of Human Services, INRHODES Database, December 1, 1996.

NA: Numbers are not available as community has a regional school district.

Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

### References for Indicator


[1] *Statement on the Link Between Nutrition and Cognitive Development in Children* (1995). Medford, MA: Tufts University, Center on Hunger, Poverty, and Nutrition Policy.

[2] Rhode Island Department of Human Services, INRHODES Database, December 1, 1996.

[3] Trippe, C., Doyle, P. and A. Asher, *Trends in Food Stamp Participation Rates: 1976 to 1990* (July 1992). Washington, D.C.: Mathematica Policy Research, Inc.

[4] Kaufman, M. (Ed.), *Nutrition in Public Health: A Handbook for Delivering Services* (1990). Rockville, MD: Aspen Publishers.

[5] VanAmburg Group, *Second Harvest National Research Study: Rhode Island Community Local Report* (1993). Chicago: Second Harvest, Inc.

[6] Spalter-Roth, R. and E. Soto, *Food Stamps and AFDC: A Double Life-Line for Low-Income Working Single Mothers* (April 1996). Washington, D.C.: Institute for Women's Policy Research.





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# Children Receiving School Breakfast

### DEFINITION

*Children receiving school breakfast* is the percentage of public school children eligible for free or reduced-priced lunch who attend schools offering the School Breakfast program. Half-day kindergarten, private schools, and residential child care facilities are not included in the calculations.

### SIGNIFICANCE

Undernutrition during any period of childhood can have a detrimental impact on a child's cognitive development. The longer a child's nutritional needs go unmet, the greater the risk of cognitive impairment.[1] Children who participate in the School Breakfast Program have better school attendance, are more likely to arrive at school on time, and have higher standardized test scores than non-participants. Low-income students are more likely than other students to arrive at school without an adequate breakfast.[2] The National School Lunch and School Breakfast Programs provide nutritious meals to children at participating schools. Meals must meet specific nutritional requirements to qualify for federal funds.

Eligible students receive free or reduced-price meals through the School Lunch and School Breakfast programs. To receive a reduced-price meal, household income must be below 185% of the federal poverty level. For free meals, household income must fall below 130% of poverty. Children in Food Stamp and AFDC households are automatically eligible for free meals. 45,689 public school students received free or reduced-price lunches in 1995.

### Access to School Breakfast in Rhode Island

- One indicator of success in the School Breakfast Program is the number of schools offering the program. Only if a school participates can a student receive the meal. Only 124 out of 309 Rhode Island public schools (40%) offer the program, compared to 71% of schools across the nation.[3]

- While federal and state funds are available to support the costs of the School Breakfast Program, there are 15,505 eligible low-income students who do not have access to school breakfast because they attend the 185 Rhode Island public schools that do not participate in the School Breakfast program.[4]

- Schools can maximize student participation in the School Breakfast program by providing information to parents and students before the program is initiated; reducing stigma by promoting the program to all children; marketing to students through attractive posters, leaflets, and announcements; and encouraging community, parent and student involvement in all aspects of the program.[5,6]

### Feeding Children When School is Out

- The Summer Food Service Program for children provides nutritious meals to low-income students during the summer months. Like School Breakfast, this program is an entitlement program funded entirely by federal funds.

- Only 9 communities in Rhode Island offer the Summer Food program, primarily due to limited awareness of the program on the part of potential participants and community sponsors. Eligible sponsors include playground programs, Housing Authorities, Boys and Girls Clubs, churches, recreation centers, schools, and other community organizations.

*Table 9*

## Low-Income Children With Access to School Breakfast, Rhode Island, Fall 1996

| PUBLIC SCHOOL DISTRICT | NUMBER OF LOW-INCOME STUDENTS IN DISTRICT | NUMBER OF LOW-INCOME STUDENTS ATTENDING SCHOOLS WITH BREAKFAST | 1996 PERCENT OF LOW-INCOME STUDENTS ATTENDING SCHOOLS WITH BREAKFAST | 1995 PERCENT OF LOW-INCOME STUDENTS ATTENDING SCHOOLS WITH BREAKFAST |
|---|---|---|---|---|
| Barrington | 94 | 0 | 0% | 0% |
| Bristol-Warren | 935 | 287 | 31% | 31% |
| Burrillville | 584 | 584 | 100% | 100% |
| Central Falls | 2,454 | 2,454 | 100% | 100% |
| Chariho | 467 | 190 | 41% | 41% |
| Coventry | 850 | 310 | 36% | 31% |
| Cranston | 2,108 | 1,180 | 56% | 47% |
| Cumberland | 532 | 298 | 56% | 56% |
| East Greenwich | 188 | 124 | 66% | 66% |
| East Providence | 1,829 | 1,577 | 86% | 66% |
| Exeter-W. Greenwich | 216 | 92 | 43% | 43% |
| Foster | 48 | 0 | 0% | 0% |
| Foster-Gloceste | 117 | 0 | 0% | 0% |
| Glocester | 122 | 0 | 0% | 0% |
| Jamestown | 48 | 0 | 0% | 0% |
| Johnston | 436 | 0 | 0% | 0% |
| Lincoln | 351 | 41 | 12% | 12% |
| Little Compton | 48 | 0 | 0% | 0% |
| Middletown | 526 | 0 | 0% | 0% |
| Narragansett | 277 | 0 | 0% | 0% |
| Newport | 1,181 | 311 | 26% | 17% |
| New Shoreham | 4 | 0 | 0% | 0% |
| North Kingstown | 565 | 0 | 0% | 0% |
| North Providence | 569 | 0 | 0% | 10% |
| North Smithfield | 174 | 0 | 0% | 0% |
| Pawtucket | 5,030 | 1,042 | 21% | 21% |
| Portsmouth | 191 | 0 | 0% | 0% |
| Providence | 17,393 | 17,350 | 100% | 100% |
| Scituate | 145 | 0 | 0% | 0% |
| Smithfield | 208 | 0 | 0% | 0% |
| South Kingstown | 467 | 0 | 0% | 0% |
| Tiverton | 372 | 0 | 0% | 0% |
| Warwick | 2,112 | 247 | 12% | 12% |
| Westerly | 607 | 542 | 89% | 89% |
| West Warwick | 1,066 | 673 | 63% | 29% |
| Woonsocket | 3,375 | 2,882 | 85% | 85% |
| *Core Cities* | *29,433* | *24,039* | *82%* | *81%* |
| *Remainder of State* | *16,256* | *6,145* | *38%* | *32%* |
| *Rhode Island* | *45,689* | *30,184* | *66%* | *64%* |

### Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Fall 1995 and 1996. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

Number of low-income students is the number of students eligible for free or reduced price lunches in the Fall of 1995. Low-income students receiving breakfast is the percent of students eligible for free or reduced priced lunches who attend schools serving breakfast in the Fall of 1996. Half-day kindergarten, private schools and residential child care facilities may offer the Breakfast program, but are not included in these calculations.

The denominator is the number of children enrolled in the public school who are eligible for free or reduced price lunches in the Fall of 1995, not including half-day kindergarten.

### References for Indicator


[1] *Statement on the Link Between Nutrition and Cognitive Development in Children* (1995). Medford, MA: Tufts University, Center on Hunger, Poverty, and Nutrition Policy.

[2] *School Breakfast Scorecard: A Status Report on the School Breakfast Program 1995-1996* (1996). Washington, D.C.: Food Research and Action Center.

[3] Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, 1995-1996.

[4] *What's For Breakfast* (1995). Providence, RI: Nutrition Council of RI with cooperation from the RI Department of Health.





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# Health

## *from* The Prelude

…All shod with steel,
We hissed along the polished ice in games…
So through the darkness and the cold we flew,
And not a voice was idle; with the din,
Meanwhile, the precipices rang aloud;
The leafless trees and every icy crag
Tinkled like iron,…
While the stars
Eastward were sparkling clear, and in the west
The orange sky of evening died away.

– William Wordsworth

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# Children Without Health Insurance

### DEFINITION

*Children without health insurance* is the percentage of children under age 15 who were not covered by any kind of public or private health insurance, including Medicaid, during the previous calendar year. These data reflect only those who were uninsured through the entire year and do not include those who were uninsured for only part of the year.

### SIGNIFICANCE

Access to primary health care is vital to every child's healthy growth and development. Lack of insurance coverage makes it difficult to obtain primary and specialty care – including preventive health care, comprehensive treatment for acute and chronic illness, mental health services, dental care, and prescriptions. Uninsured children have fewer physician visits per year than insured children and are less likely to have a usual source of routine health care.[1] Undiagnosed and untreated medical conditions can result in long-term health problems and interfere with learning and development.[2]

A parent's employment-related insurance coverage and eligibility for Medicaid are the most important factors in determining whether children have health insurance and the type of coverage.[3] Children who do not qualify for publicly funded Medical Assistance may be uninsured either because the parent's employer does not offer family coverage or because low wages preclude monthly payments for the more expensive family coverage.[4]

In 1994, an estimated 7.9% of Rhode Island children under age 15 were uninsured for the entire year. Many more children lack health insurance coverage at some point during the year, especially children whose parents cycle in and out of low-wage, temporary jobs, or seasonal work.[5]

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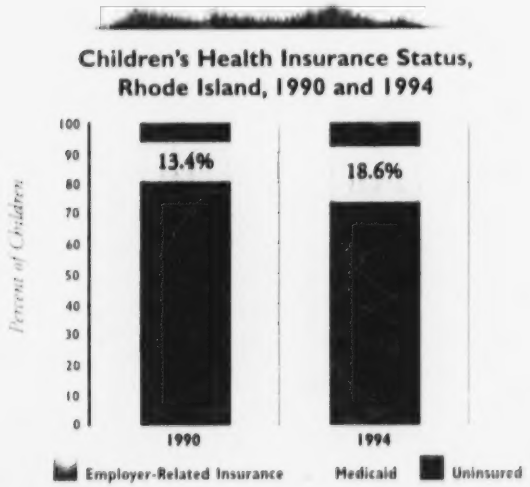


Source: Bureau of the Census, Current Population Survey, 1988-1992 average and 1992-1996 average.

♦ The decline in employer-based coverage among children is due in large part to fewer employers offering or subsidizing health insurance plans that include coverage for dependents and fewer employees being able to afford family coverage. In 1980, 74% of American workers had their insurance plans fully paid by their employers. By 1993, that number had dropped to 21%.[6]

♦ In Rhode Island, 80.4% of children under age 15 had health insurance coverage related to their parent's employment in 1990, but only 73.5% had employment-related coverage in 1994. Federal and state expansions of Medicaid eligibility between 1988 and 1996 have helped to limit the increase in the numbers of uninsured children, despite the declines in employer-related coverage.[7]

♦ Between 1977 and 1987, employer-coverage declined for children of all races and ethnic backgrounds. Thus, the declining trends in private sector insurance coverage for children were already well underway when expansions in federal and state public insurance coverage began in 1988.[8]

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## Facts About RIte Care

As of December 1, 1996, there were 52,238 children under age 18 enrolled in RIte Care, Rhode Island's Medicaid Managed Care program. Three-quarters of all RIte Care clients are children.[9]

Started in 1993, RIte Care enrolls families receiving AFDC in managed care and expands eligibility for Medical Assistance to include pregnant women up to 350% of poverty and children under age eight up to 250% of poverty.

Recently enacted Rhode Island welfare reform legislation, the RI Family Independence Act, further expands RIte Care coverage to children under age 18 up to 250% of poverty.

Of the 70,560 RIte Care clients enrolled on December 1, 1996, 46% were enrolled in United Healthcare of New England; 33% in Neighborhood Health Plan of RI; 10% in Blue CHiP (formerly HMO Rhode Island); and 10% in Harvard/Pilgrim Health Care of New England.[10]

### Children Under 18 Years Receiving Medical Assistance, Through RIte Care, Rhode Island, December 1996

| CITY/TOWN | AFDC | OTHER | TOTAL |
|---|---|---|---|
| Barrington | 40 | 47 | 87 |
| Bristol | 269 | 161 | 430 |
| Burrillville | 208 | 171 | 379 |
| Central Falls | 1,919 | 644 | 2,563 |
| Charlestown | 95 | 87 | 182 |
| Coventry | 443 | 359 | 802 |
| Cranston | 1,747 | 687 | 2,434 |
| Cumberland | 303 | 128 | 431 |
| East Greenwich | 140 | 74 | 214 |
| East Providence | 1,165 | 513 | 1,678 |
| Exeter | 48 | 27 | 75 |
| Foster | 37 | 24 | 61 |
| Glocester | 63 | 68 | 131 |
| Hopkinton | 120 | 57 | 177 |
| Jamestown | 17 | 25 | 42 |
| Johnston | 539 | 320 | 859 |
| Lincoln | 237 | 145 | 382 |
| Little Compton | 13 | 13 | 26 |
| Middletown | 195 | 144 | 339 |
| Narragansett | 185 | 104 | 289 |
| Newport | 1,256 | 418 | 1,674 |
| New Shoreham | 6 | 4 | 10 |
| North Kingstown | 399 | 245 | 644 |
| North Providence | 607 | 302 | 909 |
| North Smithfield | 53 | 30 | 83 |
| Pawtucket | 4,152 | 1,432 | 5,584 |
| Portsmouth | 119 | 113 | 232 |
| Providence | 17,678 | 4,172 | 21,850 |
| Richmond | 66 | 59 | 125 |
| Scituate | 75 | 42 | 117 |
| Smithfield | 105 | 67 | 172 |
| South Kingstown | 323 | 148 | 471 |
| Tiverton | 144 | 97 | 241 |
| Warren | 244 | 105 | 349 |
| Warwick | 1,486 | 731 | 2,217 |
| Westerly | 487 | 240 | 727 |
| West Greenwich | 44 | 39 | 83 |
| West Warwick | 912 | 480 | 1,392 |
| Woonsocket | 2,889 | 888 | 3,777 |
| *Core Cities* | *27,894* | *7,554* | *35,448* |
| *Remainder of State* | *10,934* | *5,856* | *16,790* |
| *Rhode Island* | *38,828* | *13,410* | *52,238* |

#### Source of Data for Table/Methodology

Rhode Island Department of Human Services, INRHODES Database, December 1, 1996. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

Other includes children enrolled in RIte Care who do not receive AFDC, including children under age 8 up to 250% of poverty and their siblings, children under age 15 up to 100% of poverty and their siblings, and children in state foster care who receive medical assistance.

#### References for Indicator


Health Insurance Coverage" in *The Future of Children*, Vol. 5, No. 3 (Spring 1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

*Caring Prescriptions: Comprehensive Health Care Strategies for Children in Poverty* (1994). New York: Columbia University, National Center for Children in Poverty.

Schieb, J. And L. Alexis. *Recent Trends in Employer Health Insurance Coverage and Benefits* (September, 1996). Washington, D.C.: American Hospital Association.

Paul Fronstin, Employee Benefit Research Group, as quoted in *The Providence Journal*, August 30, 1996.

Bureau of the Census, Current Population Survey, 1988-1992 and 1992-1996.

Kamerman, Sheila B. and Alfred J. Kahn, *Child Health, Medicaid, and Welfare Reform* (1996). New York: Cross-National Studies Research Program, Columbia University School of Social Work.

Rhode Island Department of Human Services, INRHODES Database, December 1, 1996.

Rhode Island Department of Human Services, Office of Managed Care, RIte Care Program, December 1996.





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# Women and Children Receiving WIC

### DEFINITION

*Women and children receiving WIC* is the percentage of eligible women, infants and children served by the Special Supplemental Food Program for Women, Infants and Children (WIC).

### SIGNIFICANCE

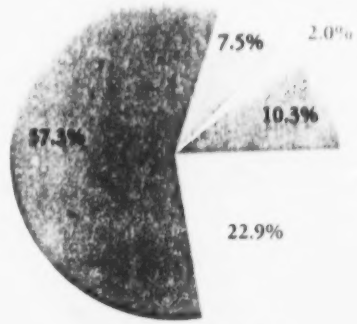
The Special Supplemental Food Program for Women, Infants and Children is a preventive program providing nutritious food, nutrition education, and improved access to health care. WIC links the distribution of food to other health services, including prenatal and pediatric care.

This federally funded program serves pregnant, postpartum and breastfeeding women; infants; and children less than five years of age. Household income must be below 185% of the poverty level. Participants must have a specified nutritional risk, such as abnormal weight gain during pregnancy or iron-deficiency anemia, or other health risks.

WIC is not an entitlement program and is not funded at a level that is sufficient to serve all eligible women and children. In Rhode Island, the funded allocation of 22,026 can serve up to 67% of eligible women, infants and children.

### Women, Infants and Children Served By WIC, Rhode Island, December 1996

| | |
|---|---|
| 7.5% | Postpartum Women |
| 2.0% | Breastfeeding Women |
| 10.3% | Pregnant Women |
| 22.9% | Infants |
| 57.3% | Children Ages 1 through 4 |




*Total Served is 23,046*

Source: Rhode Island Department of Health, Division of Family Health, WIC Program, December 1996.

### WIC Works and is Cost-Effective

**Increases Access to Health Care**

- Participation in WIC increases the likelihood that women will receive early, regular prenatal care and that their children will get regular pediatric care and immunizations. Mothers and children who are poor, minority, or poorly educated benefit most. [1]

**Reduces Fetal Deaths, Infant Mortality, and Low Birthweight**

- Participation in WIC during pregnancy significantly reduces fetal death and reduces by 22% the risk of death before one month of age. Low-income mothers participating in WIC have 25% fewer low birthweight babies (less than 5.5 pounds) and 44% fewer very low birthweight babies (less than 3.3 pounds) than mothers with similar incomes who were not participating in the WIC program. [2]

**Protects Child Health and Cognitive Development**

- WIC protects infants and children from iron-deficiency anemia and other nutrition-related health problems. By protecting a child's cognitive development, WIC results in savings for special education that may have otherwise been incurred due to malnutrition in infancy and early childhood. [3]

**Reduces Costs**

- The General Accounting Office has estimated that for every dollar spent on the WIC program, $3.50 is saved in federal, state, and local government program benefits for the new child's first eighteen years. This is money saved from hospital care, special services, and special education. The greatest cost-savings associated with the WIC program occur during the first year of life due to reduced medical costs. [4]

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*Table 11*

## Women, Infants and Children Receiving WIC, Rhode Island, December 1996

| CITY/TOWN | ESTIMATED* NUMBER ELIGIBLE | NUMBER PARTICIPATING | 1996 % OF ELIGIBLE PARTICIPATING | DECEMBER, 1995 % OF ELIGIBLE PARTICIPATING |
|---|---|---|---|---|
| Barrington | 211 | 34 | 16% | 21% |
| Bristol | 403 | 197 | 49% | 59% |
| Burrillville | 427 | 273 | 64% | 67% |
| Central Falls | 1,642 | 1,322 | 81% | 84% |
| Charlestown | 105 | 70 | 67% | 72% |
| Coventry | 592 | 364 | 61% | 54% |
| Cranston | 1,753 | 964 | 55% | 54% |
| Cumberland | 554 | 251 | 45% | 42% |
| East Greenwich | 241 | 69 | 29% | 27% |
| East Providence | 1,205 | 784 | 65% | 66% |
| Exeter | 13 | 39 | 100%* | 100%* |
| Foster | 10 | 33 | 100%* | 100%* |
| Glocester | 293 | 68 | 23% | 18% |
| Hopkinton | 33 | 83 | 100%* | 100%* |
| Jamestown | 96 | 23 | 24% | 25% |
| Johnston | 598 | 315 | 53% | 58% |
| Lincoln | 360 | 170 | 47% | 45% |
| Little Compton | 63 | 17 | 27% | 30% |
| Middletown | 694 | 315 | 45% | 40% |
| Narragansett | 71 | 110 | 100%* | 100%* |
| Newport | 1,332 | 681 | 51% | 54% |
| New Shoreham | 39 | 1 | 3% | 8% |
| North Kingstown | 370 | 238 | 64% | 74% |
| North Providence | 262 | 437 | 100%* | 100%* |
| North Smithfield | 59 | 82 | 100%* | 100%* |
| Pawtucket | 3,198 | 2,819 | 88% | 86% |
| Portsmouth | 249 | 109 | 44% | 48% |
| Providence | 11,280 | 8,717 | 77% | 77% |
| Richmond | 24 | 88 | 100%* | 100%* |
| Scituate | 75 | 55 | 73% | 85% |
| Smithfield | 174 | 93 | 53% | 51% |
| South Kingstown | 402 | 251 | 62% | 59% |
| Tiverton | 260 | 143 | 55% | 52% |
| Warren | 156 | 150 | 96% | 99% |
| Warwick | 1,613 | 909 | 56% | 51% |
| Westerly | 648 | 352 | 54% | 54% |
| West Greenwich | 38 | 25 | 66% | 89% |
| West Warwick | 777 | 558 | 72% | 79% |
| Woonsocket | 2,566 | 1,837 | 72% | 73% |
| *Core Cities* | *20,018* | *15,376* | *77%* | *77%* |
| *Remainder of State* | *12,868* | *7,670* | *60%* | *59%* |
| *Rhode Island* | *32,886* | *23,046* | *70%* | *70%* |

*Estimates are based on 1990 Census, and do not reflect recent increases in eligible population.

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, WIC Program, December 1996. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

The denominator is the number of children under age 5 who live in families with an income less than 185% of poverty, according to the 1990 Census of Population. This is an estimate of the eligible population and does not take into account increases in the number of women and children who became income eligible between 1990 and 1996.

### References for Indicator


*Starting Points: Meeting the Needs of Our Youngest Children* (1994). New York: Carnegie Corporation.

*Beyond Rhetoric: A New American Agenda for Children and Families, Final Report of the National Commission on Children* (1991). Washington, D.C.: U.S. Government Printing Office.

*Statement on the Link Between Nutrition and Cognitive Development in Children* (1995). Medford, MA: Tufts University, Center on Hunger, Poverty, and Nutrition Policy.





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# Women with Delayed Prenatal Care

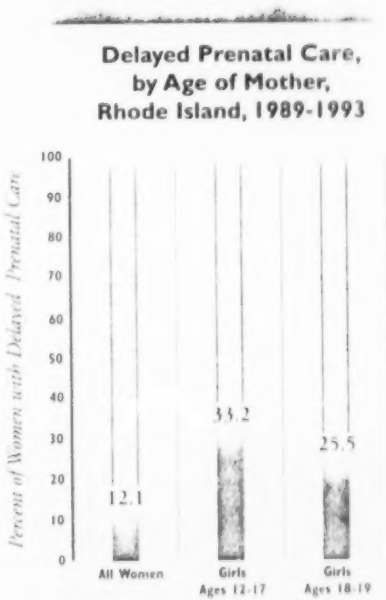
### DEFINITION

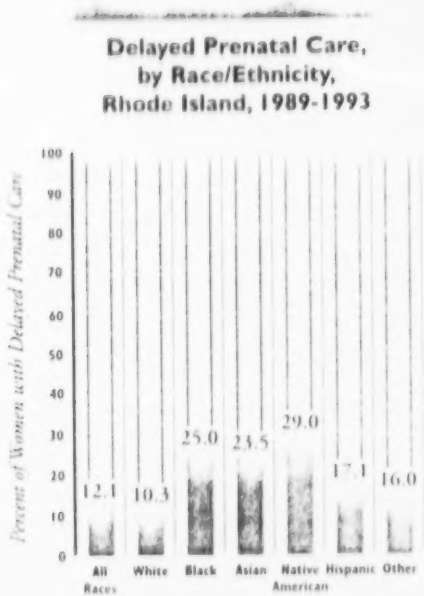
*Women with delayed prenatal care* is the percentage of women beginning prenatal care in the second or third trimester of pregnancy or receiving no prenatal care at all. Data are reported by place of mother's residence, not place of infant's birth.

### SIGNIFICANCE

Timely and comprehensive prenatal care, focused on the whole family and the living environment, increases the likelihood of delivering a healthy infant of normal birthweight. Women who receive adequate prenatal care are more likely to get preventive care for their infants. Delaying the start of prenatal care to the second trimester increases health risks for both mother and baby.

Prenatal care offers the opportunity to screen for and treat disease conditions that increase the risk for poor birth outcomes. Effective prenatal care also screens for and intervenes with non-medical conditions including smoking, substance use, physical abuse, nutritional deficiencies, needs for food, clothing and shelter, and information needs related to infant and child development. [1]




Source: The Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1989-1993

- African-American, Hispanic, Asian, and Native American women in Rhode Island are considerably less likely to receive prompt prenatal care than white women. Adolescents, regardless of race, are less likely to receive early prenatal care than older mothers. Early prenatal care is especially important for women at increased medical and social risk. [4]

- Barriers to receiving care are greatest for poor, young, and minority women due to a lack of health insurance, transportation, and child care, and because of socioeconomic, language and cultural barriers within the health care system. [5]

- Increasing the number of women who receive early prenatal care results in fewer complications at birth and reduces health care costs. [6]

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Table 12

## Delayed Prenatal Care, Rhode Island, 1989-1993

| CITY/TOWN | # BIRTHS | # DELAYED CARE | % DELAYED CARE | 1988-1991 % DELAYED CARE |
|---|---|---|---|---|
| Barrington | 909 | 27 | 3.0% | 3.4% |
| Bristol | 1,364 | 136 | 10.0% | 9.7% |
| Burrillville | 1,045 | 77 | 7.4% | 7.4% |
| Central Falls | 1,997 | 434 | 21.7% | 22.5% |
| Charlestown | 541 | 40 | 7.4% | 9.4% |
| Coventry | 2,043 | 127 | 6.2% | 8.0% |
| Cranston | 4,520 | 366 | 8.1% | 8.9% |
| Cumberland | 1,786 | 133 | 7.4% | 7.7% |
| East Greenwich | 603 | 36 | 6.0% | 7.7% |
| East Providence | 3,131 | 293 | 9.4% | 10.3% |
| Exeter | 396 | 14 | NA | NA |
| Foster | 297 | 18 | NA | NA |
| Glocester | 550 | 41 | 7.5% | 7.8% |
| Hopkinton | 520 | 34 | 6.5% | 7.4% |
| Jamestown | 311 | 23 | NA | NA |
| Johnston | 1,765 | 117 | 6.6% | 7.7% |
| Lincoln | 1,088 | 76 | 7.0% | 7.8% |
| Little Compton | 173 | 20 | NA | NA |
| Middletown | 1,432 | 203 | 14.1% | 13.9% |
| Narragansett | 844 | 50 | 5.9% | 6.7% |
| Newport | 2,061 | 403 | 19.6% | 20.3% |
| New Shoreham | 71 | 3 | NA | NA |
| North Kingstown | 1,577 | 104 | 6.6% | 6.7% |
| North Providence | 1,968 | 159 | 8.1% | 8.8% |
| North Smithfield | 519 | 38 | 7.3% | 7.5% |
| Pawtucket | 5,976 | 909 | 15.2% | 15.8% |
| Portsmouth | 1,061 | 77 | 7.3% | 8.1% |
| Providence | 16,194 | 2,977 | 18.4% | 21.0% |
| Richmond | 435 | 27 | NA | NA |
| Scituate | 615 | 34 | 5.5% | 6.9% |
| Smithfield | 961 | 60 | 6.2% | 6.4% |
| South Kingstown | 1,338 | 79 | 5.9% | 6.4% |
| Tiverton | 812 | 83 | 10.2% | 11.4% |
| Warren | 790 | 75 | 9.5% | 11.5% |
| Warwick | 5,461 | 388 | 7.1% | 7.9% |
| Westerly | 1,683 | 151 | 9.0% | 9.9% |
| West Greenwich | 271 | 23 | NA | NA |
| West Warwick | 2,373 | 231 | 9.7% | 11.1% |
| Woonsocket | 3,673 | 753 | 20.5% | 18.9% |
| *Core Cities* | *29,901* | *5,476* | *18.3%* | *19.8%* |
| *Remainder of State* | *43,263* | *3,363* | *7.8%* | *8.6%* |
| *Rhode Island* | *73,164* | *8,849* | *12.1%* | *13.1%* |

### Source of Data for Table/Methodology

NA: Percentages were not calculated for cities and towns with less than 500 births, as percentages for small denominators are statistically unreliable.

The denominator is the total number of live births to Rhode Island residents from 1989 to 1993.

### References for Indicator


Kleiman, Lorraine V., *Alive and Well? A Research and Policy Review of Health Programs for Poor Children* (1991). New York: Columbia University, National Center for Children in Poverty.

*Prenatal Care in the United States: A State and County Inventory*, Vol. I (1989). New York: The Alan Guttmacher Institute.

Alexander, Greg R., and Carol C. Korenbrot, "The Role of Prenatal Care in Preventing Low Birth Weight," in *The Future of Children: Low Birth Weight*, Vol. 5, No. 1 (Spring 1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

Child Trends, Inc. and the U.S. Census Bureau, *Trends in the Well Being of America's Children and Youth: 1996* (1996). Washington, DC: U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation.

*Starting Points: Meeting the Needs of Our Youngest Children* (1994). New York: Carnegie Corporation.



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# Low Birthweight Infants

### DEFINITION

*Low birthweight infants* is the percentage of live births weighing under 2,500 grams (5.5 pounds). The data are reported by place of mother's residence, not place of infant's birth.

### SIGNIFICANCE

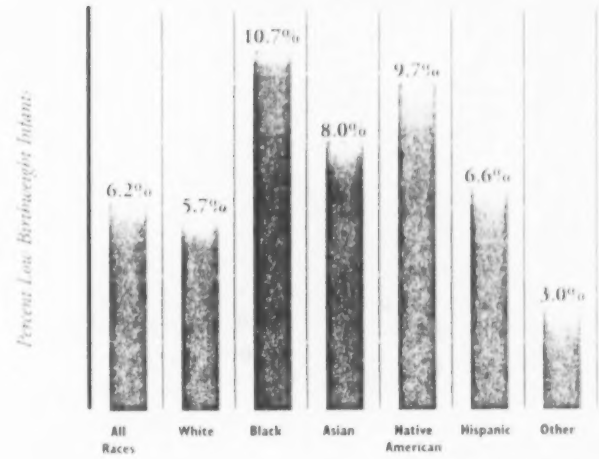
A baby's birthweight is a key indicator of newborn health and is directly related to infant survival, health and development. A baby is small at birth either because it was born too soon, because it grew too slowly, or some combination of the two.

Babies born weighing less than 5.5 pounds are at greater risk for physical and developmental problems. Babies born weighing less than 1,500 grams (3.3 pounds) are at especially high risk for chronic lung and respiratory problems, visual and hearing impairments, mental retardation, and developmental and learning disabilities. Almost 60% of infants who die in the first year of life were born with low birthweight. [1]

Prevention of low birthweight focuses on smoking cessation, adequate nutrition and weight gain, and comprehensive prenatal care. Smoking during pregnancy has been linked to 20% to 30% of low birthweight births.

Underlying the high rate of low birthweight among African Americans in the U.S. is the higher rate of preterm delivery (babies born before 37 weeks gestation). The causes of preterm delivery are not well understood; the higher rates are not completely explained by differences in socio-economic status, health status, and use of tobacco or other drugs. [2]

**Low Birthweight Infants by Race/Ethnicity, Rhode Island, 1989-1993**




Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1989 to 1993 average.

- Low birthweight rates for black infants in Rhode Island are almost twice those for white infants, and are higher than those for other racial groups.

- Teenagers are 50% more likely to give birth to a low birthweight baby. [3]

- Children who are now 6 to 15 years old, who were born low birthweight, are 50% more likely than normal birthweight children to be enrolled in a special education program. [4]

- Low birthweight babies are 20 times more likely to die as infants. Those who survive are at greater risk for mental retardation, blindness, deafness, cerebral palsy and other health problems. [5]



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*Table 13*

## Low Birthweight Infants, Rhode Island, 1989-1993

| CITY/TOWN | # BIRTHS | # LOW BIRTHWEIGHT | % LOW BIRTHWEIGHT | 1988-1993 % LOW BIRTHWEIGHT |
|---|---|---|---|---|
| Barrington | 909 | 35 | 3.9% | 3.7% |
| Bristol | 1,364 | 71 | 5.2% | 4.8% |
| Burrillville | 1,045 | 49 | 4.7% | 4.9% |
| Central Falls | 1,997 | 159 | 8.0% | 8.7% |
| Charlestown | 541 | 27 | 5.0% | 5.6% |
| Coventry | 2,043 | 114 | 5.6% | 4.9% |
| Cranston | 4,520 | 245 | 5.4% | 5.3% |
| Cumberland | 1,786 | 69 | 3.9% | 4.0% |
| East Greenwich | 603 | 24 | 4.0% | 4.5% |
| East Providence | 3,131 | 192 | 6.1% | 6.0% |
| Exeter | 396 | 25 | NA | NA |
| Foster | 297 | 23 | NA | NA |
| Glocester | 550 | 33 | 6.0% | 5.2% |
| Hopkinton | 520 | 31 | 6.0% | 5.7% |
| Jamestown | 311 | 13 | NA | NA |
| Johnston | 1,765 | 103 | 5.8% | 5.4% |
| Lincoln | 1,088 | 50 | 4.6% | 4.5% |
| Little Compton | 173 | 9 | NA | NA |
| Middletown | 1,442 | 64 | 4.4% | 5.2% |
| Narragansett | 844 | 36 | 4.3% | 3.8% |
| Newport | 2,061 | 108 | 5.2% | 4.9% |
| New Shoreham | 71 | 3 | NA | NA |
| North Kingstown | 1,577 | 84 | 5.3% | 4.4% |
| North Providence | 1,968 | 118 | 6.0% | 5.2% |
| North Smithfield | 519 | 21 | 4.0% | 4.1% |
| Pawtucket | 5,976 | 392 | 6.6% | 6.4% |
| Portsmouth | 1,061 | 60 | 5.7% | 5.6% |
| Providence | 16,194 | 1,288 | 8.0% | 8.0% |
| Richmond | 435 | 19 | NA | NA |
| Scituate | 615 | 29 | 4.7% | 4.9% |
| Smithfield | 961 | 44 | 4.6% | 4.6% |
| South Kingstown | 1,338 | 55 | 4.1% | 5.0% |
| Tiverton | 812 | 48 | 5.9% | 5.3% |
| Warren | 790 | 48 | 6.1% | 6.7% |
| Warwick | 5,461 | 290 | 5.3% | 5.3% |
| Westerly | 1,683 | 104 | 6.2% | 5.8% |
| West Greenwich | 271 | 15 | NA | NA |
| West Warwick | 2,373 | 147 | 6.2% | 5.7% |
| Woonsocket | 3,673 | 270 | 7.4% | 7.4% |
| *Core Cities* | *29,901* | *2,217* | *7.4%* | *7.4%* |
| *Remainder of State* | *43,263* | *2,298* | *5.3%* | *5.1%* |
| *Rhode Island* | *73,164* | *4,515* | *6.2%* | *6.1%* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1989 to 1993 average. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

NA: Percentages were not calculated for cities and towns with less than 500 births, as percentages for small denominators are statistically unreliable.

The denominator is the total number of live births to Rhode Island residents from 1989 to 1993.

### References for Indicator


*Healthy People 2000 - Rhode Island: The Health of Minorities in Rhode Island* (1993). Providence, RI: Rhode Island Department of Health, Office of Health Statistics.

Chomitz, Virginia Ruff, Lillian WY. Cheung, Ellice Lieberman. "The Role of Lifestyle in Preventing Low Birth Weight" in *The Future of Children: Low Birthweight*, Vol. 5, No. 1 (Spring 1995). Los Altos, CA: The Center for the Future of Children.

Paneth, Nigel S., "The Problem of Low Birthweight" in *The Future of Children: Low Birthweight*, Vol. 5, No. 1 (Spring 1995). Los Altos, CA: The Center for the Future of Children.

Maynard, R.A. (Ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing* (1996). New York: The Robin Hood Foundation.

Lewit, E., Schuurmann Baker, L., Corman, H., Shiono, P.H., "The Direct Cost of Low Birth Weight", in *The Future of Children: Low Birthweight*, Vol. 5, No. 1 (Spring 1995). Los Altos, CA: The Center for the Future of Children.

"Infant Health Improving" in *CDF Reports*, Vol. 17, No. 12 (November 1996). Washington, DC: Children's Defense Fund.





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# Infant Mortality

### DEFINITION

*Infant mortality* is the number of deaths occurring to infants under one year of age per 1,000 live births. The data are reported by place of mother's residence, not place of infants birth.

### SIGNIFICANCE

Infant mortality rates are closely linked to a community's social and economic conditions. Communities with multiple problems such as poverty, poor housing conditions, and unemployment tend to have higher infant mortality rates than more advantaged communities.[1] In the United States, infant death is closely linked to low birthweight and preterm delivery.

Risk factors contributing to infant deaths include a lack of preventive health and prenatal care, inadequate nutrition, and poor living conditions. Some of the health factors associated with infant deaths include congenital birth defects, complications resulting from early delivery and low birthweight, and respiratory problems.[1]

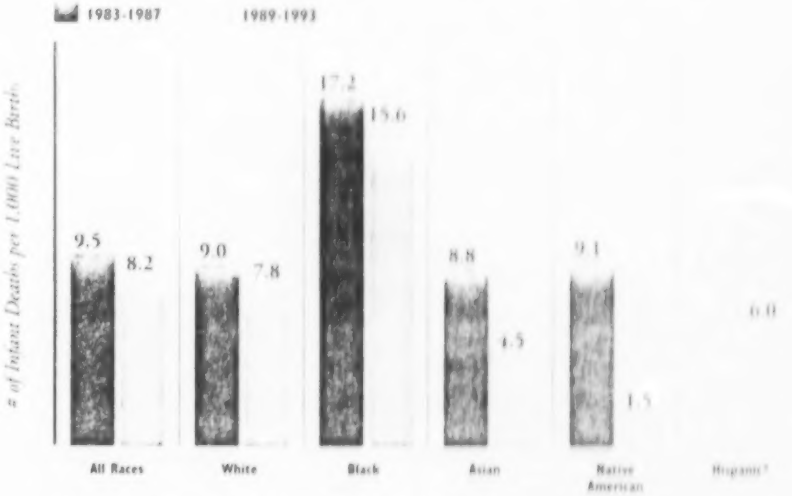
Infant mortality has two components: neonatal mortality, which is the number of deaths of infants younger than 28 days, and postneonatal mortality, the number of deaths of infants between 28 days and one year old. In 1995 in Rhode Island, 101 infants died before their first birthday; of these, 80 were younger than 28 days old. Twenty-eight were live births less than 500 grams (1.1 pounds), 26 of whom died within the first day.[1]

### Higher Mortality Rate Continues Among Black Infants

- Preliminary data for 1995 show that the infant mortality rate for the U.S. dropped to 7.5 infant deaths, a record low.[1]

- In 1995 the overall United States infant mortality rate ranked twentieth worldwide. The U.S. infant mortality rate for black infants ranked thirty-seventh when compared with other countries overall rates.[1]

### Infant Mortality by Race/Ethnicity, Rhode Island, 1983-1993




** Hispanic figures for 1983-1987 are not available.*

- Over the past ten years, Rhode Island's black infant mortality rate has declined. Despite this progress, the black infant mortality rate continues to be twice that for white infants.[1]



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*Table 14*

## Number of Infant Deaths, Rhode Island, 1989-1993

| CITY/TOWN | # BIRTHS | # INFANT DEATHS | RATE/1000 BIRTHS | 1988-1992 RATE/1000 BIRTHS |
|---|---|---|---|---|
| Barrington | 909 | 5 | 5.5 | 6.2 |
| Bristol | 1,364 | 4 | 2.9 | 2.9 |
| Burrillville | 1,045 | 6 | 5.7 | 9.5 |
| Central Falls | 1,997 | 24 | 12.0 | 12.4 |
| Charlestown | 541 | 7 | 12.9 | 10.5 |
| Coventry | 2,043 | 21 | 10.3 | 9.9 |
| Cranston | 4,520 | 29 | 6.4 | 5.2 |
| Cumberland | 1,786 | 16 | 9.0 | 8.5 |
| East Greenwich | 603 | 8 | 13.3 | 15.1 |
| East Providence | 3,131 | 32 | 10.2 | 10.1 |
| Exeter | 396 | 2 | NA | NA |
| Foster | 297 | 3 | NA | NA |
| Glocester | 550 | 1 | 1.8 | 5.3 |
| Hopkinton | 520 | 5 | 9.6 | 9.5 |
| Jamestown | 311 | 3 | NA | NA |
| Johnston | 1,765 | 7 | 4.0 | 4.6 |
| Lincoln | 1,088 | 7 | 6.4 | 10.2 |
| Little Compton | 173 | 1 | NA | NA |
| Middletown | 1,442 | 12 | 8.3 | 7.2 |
| Narragansett | 844 | 4 | 4.7 | 5.8 |
| Newport | 2,061 | 23 | 11.2 | 10.0 |
| New Shoreham | 71 | 1 | NA | NA |
| North Kingstown | 1,577 | 14 | 8.9 | 5.7 |
| North Providence | 1,968 | 13 | 6.6 | 6.8 |
| North Smithfield | 519 | 4 | 7.7 | 5.9 |
| Pawtucket | 5,976 | 49 | 8.2 | 9.8 |
| Portsmouth | 1,061 | 8 | 7.5 | 5.6 |
| Providence | 16,194 | 166 | 10.3 | 10.1 |
| Richmond | 435 | 3 | NA | NA |
| Scituate | 615 | 4 | 6.5 | 7.8 |
| Smithfield | 961 | 1 | 1.0 | 2.0 |
| South Kingstown | 1,338 | 8 | 6.0 | 7.6 |
| Tiverton | 812 | 9 | 11.1 | 10.6 |
| Warren | 790 | 3 | 3.8 | 3.7 |
| Warwick | 5,461 | 36 | 6.6 | 5.7 |
| Westerly | 1,683 | 12 | 7.1 | 6.0 |
| West Greenwich | 271 | 0 | NA | NA |
| West Warwick | 2,373 | 21 | 8.8 | 9.1 |
| Woonsocket | 3,673 | 29 | 7.9 | 10.1 |
| *Core Cities* | *29,901* | *291* | *9.7* | *10.2* |
| *Remainder of State* | *43,263* | *310* | *7.2* | *7.1* |
| *Rhode Island* | *73,164* | *601* | *8.2* | *8.4* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1989 to 1993, average. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

NA: Rates were not calculated for cities and towns with less than 500 births, as rates for small denominators are statistically unreliable.

The denominator is the total number of live births to Rhode Island residents from 1989 to 1993.

### References for Indicator


[1] *The State of the World's Children 1997* (1997). New York: United Nations Children's Fund (UNICEF).

[2] Paneth, Nigel S., "The Problem of Low Birth Weight" in *The Future of Children: Low Birth Weight* (1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

[3] Kleiman, Lorraine V., *Alive and Well?: A Research and Policy Review of Health Programs for Poor Children* (1991). New York: Columbia University, National Center for Children in Poverty.

[4] Provisional 1995 data on 13,788 births, Rhode Island Department of Health, Office of Vital Statistics, January 1997.

[5] "Infant Health Improving" in *CDF Reports*, Vol. 17, No. 12 (November 1996). Washington, D.C.: Children's Defense Fund.

[6] *Healthy People 2000 - Rhode Island: The Health of Minorities in Rhode Island* (1993). Providence, RI: Rhode Island Department of Health, Office of Health Statistics; and Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1983 to 1987 average and 1989 to 1993 average.


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# Children with Lead Poisoning

### DEFINITION

*Children with lead poisoning* is the percentage of three-year old children screened positive for lead poisoning due to elevated blood lead levels (>=15 ug/dl ) as of November 30, 1996. These data are for children eligible to enter kindergarten in the Fall of 1998 (i.e. born between September 1, 1992 and August 31, 1993).

### SIGNIFICANCE

Childhood lead poisoning is one of the most common pediatric health problems and is entirely preventable. Infants and young children are most susceptible to the toxic effects of lead. Lead's effects on the developing central nervous system may be irreversible. Learning disabilities, hyperactivity, antisocial behavior, attention deficit disorder, hearing and speech impediments, and loss of intelligence can be attributed to elevated lead levels of 10 micrograms per deciliter of blood (ug/dl ). Higher levels of lead exposure can result in serious health problems and can lead to coma, convulsions, and death.[1]

Deteriorating lead-based paint and lead-contaminated dust are the main causes of childhood lead poisoning.[2]

While children of all backgrounds are at risk, low-income children and children of color are particularly likely to be affected by lead poisoning. Low-income children are more than 3 times as likely to have blood lead levels of 10 ug/dl or greater than middle-income children.[3] The lack of affordable housing has forced low-income families to live in older dwellings with deteriorating lead paint, thus placing children at risk for lead poisoning. Inadequate nutrition and anemia, more common in poor children, further increase a child's susceptibility to lead poisoning.[4]

More than half of the three year-old children with lead poisoning in the state live in Providence and Central Falls.

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### Lead Exposure in Children Under Age 6, Rhode Island, 1996

Rhode Island law requires regular lead screening of all children under age six. 33,177 Rhode Island children under age 6 were screened for lead in fiscal year 1996, and the findings were:

- Twenty percent (6,620) were found to have blood lead levels >=10ug/dl., which can have effects on IQ, cognitive ability, and neurobehavioral development.

- 609 children were found to have blood lead levels greater than 25 ug/dl., which can result in a learning disability, antisocial behavior, and/or decreased hearing ability. Upon confirmation of blood lead levels >=25ug/dl., the child's home is referred for a comprehensive lead inspection by the RI Department of Health.

- 20 Rhode Island children were hospitalized in 1996 for severe lead poisoning.

Source: Rhode Island Department of Health, Division of Family Health, *Preventing Lead Poisoning in Young Children: A Statement by the Centers for Disease Control* (1991); Pueschel, S.M., et. al. *Lead Poisoning in Childhood* (1996)

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## Lead Poisoning in Children Entering Kindergarten in the Fall of 1998

| CITY/TOWN* | NUMBER TESTED FOR LEAD POISONING | # SCREENED POSITIVE 15-24 UG/DL | # SCREENED POSITIVE >=25 UG/DL | % CHILDREN >=15 UG/DL | CHILDREN ENTERING KINDERGARTEN FALL 1997 % CHILDREN >=15 UG/DL |
|---|---|---|---|---|---|
| Barrington | 248 | 8 | 1 | 3.6% | 2.8% |
| Bristol | 296 | 14 | 1 | 5.1% | 6.8% |
| Burrillville | 190 | 9 | 1 | 5.3% | 12.6% |
| Central Falls | 479 | 59 | 33 | 19.2% | 24.8% |
| Charlestown | 118 | 5 | 1 | 5.1% | 9.7% |
| Coventry | 304 | 4 | 3 | 2.3% | 8.2% |
| Cranston | 894 | 41 | 8 | 5.5% | 9.3% |
| Cumberland | 330 | 12 | 1 | 3.9% | 7.8% |
| East Greenwich | 116 | 3 | 1 | 3.4% | 2.7% |
| East Providence | 648 | 36 | 10 | 7.1% | 6.1% |
| Exeter | 96 | 1 | 0 | 1.0% | 7.1% |
| Foster | 50 | 1 | 1 | 4.0% | 4.3% |
| Glocester | 109 | 1 | 0 | 0.9% | 12.8% |
| Hopkinton | 66 | 2 | 0 | 3.0% | 12.3% |
| Jamestown | 68 | 5 | 2 | 10.3% | 10.8% |
| Johnston | 286 | 12 | 3 | 5.2% | 5.8% |
| Lincoln | 236 | 9 | 2 | 4.7% | 6.5% |
| Little Compton | 22 | 0 | 0 | 0.0% | 6.7% |
| Middletown | 203 | 10 | 0 | 4.9% | 5.0% |
| Narragansett | 201 | 7 | 4 | 5.5% | 8.8% |
| Newport | 407 | 30 | 9 | 9.6% | 12.1% |
| New Shoreham | 14 | 2 | 0 | 14.3% | 33.3% |
| North Kingstown | 371 | 11 | 3 | 3.8% | 6.1% |
| North Providence | 372 | 16 | 2 | 4.8% | 5.1% |
| North Smithfield | 101 | 1 | 0 | 1.0% | 6.6% |
| Pawtucket | 1,262 | 88 | 36 | 9.8% | 14.8% |
| Portsmouth | 200 | 3 | 0 | 1.5% | 4.2% |
| Providence | 3,791 | 513 | 219 | 19.3% | 21.0% |
| Richmond | 103 | 5 | 1 | 5.8% | 12.5% |
| Scituate | 137 | 5 | 0 | 3.6% | 11.0% |
| Smithfield | 169 | 3 | 1 | 2.4% | 4.9% |
| South Kingstown | 406 | 18 | 9 | 6.7% | 9.0% |
| Tiverton | 171 | 2 | 1 | 1.8% | 2.3% |
| Warren | 170 | 14 | 2 | 9.4% | 7.7% |
| Warwick | 818 | 22 | 6 | 3.4% | 6.8% |
| Westerly | 153 | 17 | 4 | 13.7% | 13.4% |
| West Greenwich | 64 | 0 | 2 | 3.1% | 5.9% |
| West Warwick | 392 | 21 | 17 | 9.7% | 9.1% |
| Woonsocket | 884 | 64 | 15 | 8.9% | 14.3% |
| *Unknown Residence* | *151* | *16* | *20* | *23.8%* | *11.2%* |
| *Core Cities* | *6,823* | *754* | *312* | *15.6%* | *18.8%* |
| *Remainder of State* | *8,122* | *320* | *87* | *5.0%* | *7.5%* |
| *Rhode Island* | *14,945* | *1,074* | *399* | *9.9%* | *12.9%* |

*Residence at child's last test

### Source of Data for Table/Methodology

Rhode Island Department Health, Division of Family Health, Childhood Lead Database, November, 1996. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

Data for the 1998 kindergarten class reflect the number of RI children screened positive for lead poisoning as of November 30, 1996. These data are for children eligible to enter school in the Fall of 1998 (i.e. born between 9/1/92 and 8/31/93). Due to Rhode Island law requiring universal lead screening for children under six, lead screening results for close to 100% of Rhode Island children in the specified age groups are included in this indicator.

The denominator is the number of children entering school in the Fall of 1998 who were screened for lead poisoning.

### References for Indicator


[1] *Preventing Lead Poisoning in Young Children: A Statement by the Centers for Disease Control* (1991). Washington DC: U.S. Department of Health and Human Services, Centers for Disease Control.

[2] Pueschel, S.M., Linakis, J.G., and Anderson, A.C. (1996). *Lead Poisoning in Childhood*. Baltimore: Paul H. Brookes Publishing Co.





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# Births to Teens

## DEFINITION

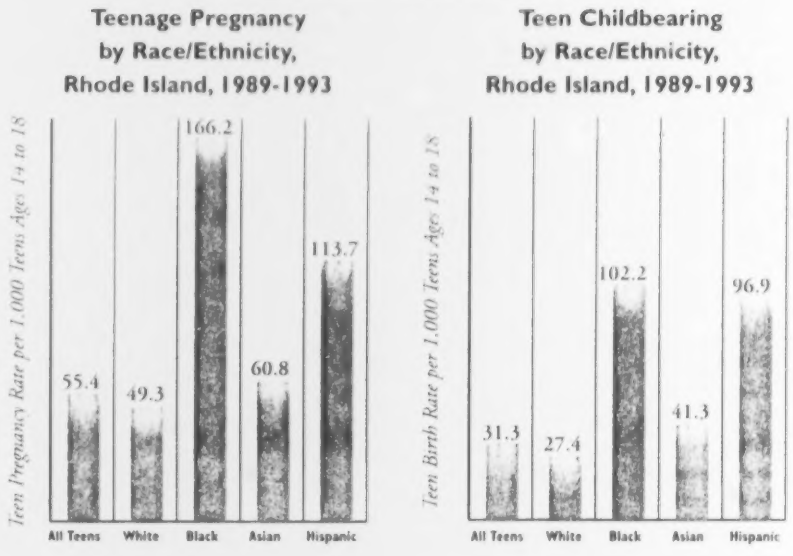
*Births to teens* is the number of births to teen girls ages 15 to 17 per 1,000 teen girls. Data are reported by the mother's place of residence, not the place of the infant's birth.

## SIGNIFICANCE

Teen pregnancy threatens the development of teens as well as their children. Teen mothers are less likely to obtain adequate prenatal care and are less likely to have financial resources and social supports needed for healthy child development.[1] Only a small proportion of unwed fathers of children born to teen mothers provide ongoing economic support to their children.[2] The fathers often do not participate in the lives of their children.[3]

Being a teen parent seriously limits subsequent education and employment prospects.[4] Nationally, three out of five teen mothers drop out of school. Lifetime earnings are less than half of those of women who wait until age twenty before bearing their first child. Children born to teen parents are more likely to suffer poor health, have learning and behavior problems, live in poverty, go to prison, and become teen parents themselves.[5]

The problem of teen pregnancy is complex. 51% of births to girls ages 15 to 17 were fathered by men aged 20 or older; one survey of poor and pregnant teens conducted among Washington State's public health clinics revealed that two-thirds reported prior sexual abuse, usually by parents, guardians or relatives.[6] In 1995 in Rhode Island there were 1,273 births to teens ages 12 to 19; 24 of these babies were born to girls ages 12 to 14.




Source: Rhode Island Department of Health, Maternal and Child Health Database, 1989-1993 average

- Between 1989 and 1993 in Rhode Island, there were 8,486 pregnancies to teens ages 14-18. 56% resulted in live births, 41% of the pregnancies resulted in induced abortions, and 3% were spontaneous abortions.[8]

- Risk factors for teen pregnancy develop during childhood and include early school failure, early behavioral problems, poverty, and family dysfunction.[9] Both male and female teens are less likely to become teen parents when they have a range of positive life options and economic opportunities.[10]

*Table 16*

## Births to Teens, Age 15-17, Rhode Island, 1989-1993

| CITY/TOWN | # OF TEEN GIRLS AGES 15-17 | BIRTHS TO TEENS AGES 15-17 | RATE PER 1,000 TEENS | 1988-1992 RATE PER 1,000 TEENS |
|---|---|---|---|---|
| Barrington | 282 | 11 | 7.8 | 7.1 |
| Bristol | 369 | 32 | 17.3 | 17.3 |
| Burrillville | 321 | 28 | 17.4 | 18.7 |
| Central Falls | 309 | 130 | 84.1 | 82.8 |
| Charlestown | 97 | 6 | NA | NA |
| Coventry | 613 | 42 | 13.7 | 15.3 |
| Cranston | 1,137 | 90 | 15.8 | 13.4 |
| Cumberland | 548 | 30 | 10.9 | 10.9 |
| East Greenwich | 272 | 4 | 2.9 | 5.1 |
| East Providence | 864 | 89 | 20.6 | 19.0 |
| Exeter | 117 | 8 | 13.7 | 8.5 |
| Foster | 90 | 2 | NA | NA |
| Glocester | 206 | 14 | 13.6 | 14.6 |
| Hopkinton | 134 | 11 | 16.4 | 19.4 |
| Jamestown | 80 | 6 | NA | NA |
| Johnston | 445 | 36 | 16.2 | 14.8 |
| Lincoln | 322 | 12 | 7.5 | 7.5 |
| Little Compton | 51 | 2 | NA | NA |
| Middletown | 294 | 27 | 18.4 | 18.4 |
| Narragansett | 204 | 5 | 4.9 | 7.8 |
| Newport | 390 | 95 | 48.7 | 42.6 |
| New Shoreham | 5 | 0 | NA | NA |
| North Kingstown | 477 | 42 | 17.6 | 15.1 |
| North Providence | 515 | 30 | 11.7 | 10.1 |
| North Smithfield | 233 | 7 | 6.0 | 4.3 |
| Pawtucket | 1,286 | 264 | 41.1 | 41.2 |
| Portsmouth | 342 | 11 | 6.4 | 7.0 |
| Providence | 2,679 | 1,032 | 77.0 | 74.3 |
| Richmond | 102 | 13 | 25.5 | 27.5 |
| Scituate | 216 | 6 | 5.6 | 5.6 |
| Smithfield | 286 | 8 | 5.6 | 7.0 |
| South Kingstown | 366 | 28 | 15.3 | 15.3 |
| Tiverton | 281 | 18 | 12.8 | 13.5 |
| Warren | 182 | 16 | 17.6 | 19.8 |
| Warwick | 1,455 | 129 | 17.7 | 17.7 |
| Westerly | 357 | 37 | 20.7 | 23.0 |
| West Greenwich | 73 | 8 | NA | NA |
| West Warwick | 480 | 68 | 28.3 | 26.3 |
| **Woonsocket** | **799** | **237** | **59.3** | **60.6** |
| *Core Cities* | *5,463* | *1,758* | *64.4* | *62.7* |
| *Remainder of State* | *11,816* | *876* | *14.8* | *14.6* |
| *Rhode Island* | *17,279* | *2,634* | *30.5* | *29.8* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Maternal and Child Health Database, Birth Files, 1989 to 1993, average. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

NA: Rates were not calculated for cities and towns with less than 100 births, as rates for small denominators are statistically unreliable.

The denominator is the number of girls ages 15 through 17 according to the 1990 Census of Population, multiplied by five to compute a rate over five years, 1989 to 1993.

### References for Indicator


"*Starting Points: Meeting the Needs of Our Youngest Children* (1994). New York: Carnegie Corporation.

*Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing* (1996). Rebecca A. Maynard (Ed.). New York: The Robin Hood Foundation.

Center for the Study of Social Policy and Philadelphia's Childrens Network. *World of Work: Causes and Consequences of Black Male Joblessness.* (December 1994). Washington, D.C.: Center for the Study of Social Policy.

Child Trends, Inc. and the U.S. Census Bureau. *Trends in the Well Being of America's Children and Youth: 1996* (1996). Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

*The State of America's Children Yearbook 1995* (1995). Washington, D.C.: Children's Defense Fund.

*Sex and America's Teenagers* (1994). New York: Alan Guttmacher Institute.

Rhode Island Department of Health, Maternal and Child Health Database, Birth Files, 1989-1993 average.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# Alcohol, Drug, and Cigarette Use by Teens

### DEFINITION

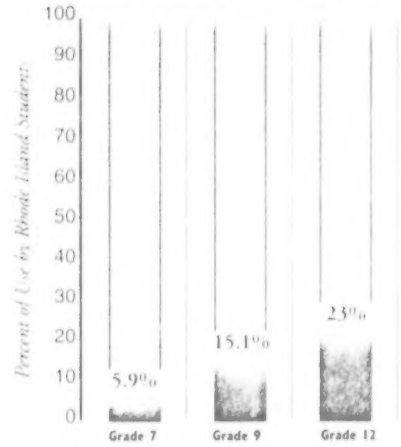
*Alcohol, drug, and cigarette use by teens* is the percentage of seventh-grade, ninth-grade, and twelfth-grade students who have used alcohol or marijuana in the past month or are current smokers, based on the 1995 Rhode Island Adolescent Substance Abuse Survey.

### SIGNIFICANCE

The use of substances threatens the health and safety of children and families. Children and teens are negatively affected by the emotional and financial hardships caused by parents with substance abuse problems.[1] The 1995 Rhode Island Department of Health Substance Abuse Survey found that 21% of the 7th to 12th graders surveyed reported that the drinking of one or both of their parents caused problems.

Young people who abuse drugs and alcohol are more likely to drop out of school, become teen parents, engage in high risk sexual behavior, experience injuries, and become involved with the criminal justice system.[2] Substance abuse has been shown to cause dependency, mood changes, impaired judgment, memory loss, and prolonged aimlessness.[3] Suicide, homicides and unintentional injuries account for approximately 80% of U.S. adolescent deaths, and many involve alcohol and drugs. Studies show that about 30% of drivers ages 15 to 20 who were involved in fatal crashes were alcohol involved.[4]

**Cigarette Use* By Grade, Rhode Island Students, 1995**




*n = 6,060 (Grade 7); n = 4,629 (Grade 9); n = 2,627 (Grade 12)*

*Student is a current cigarette smoker.*

### Youth Cigarette Use

- Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other high risk behaviors, such as fighting and engaging in unprotected sex.[6]
- The younger people start smoking cigarettes, the more likely they are to become strongly addicted to nicotine. Eighty-nine percent of adult daily smokers tried their first cigarette by age 18.[7]
- A 1995 Centers for Disease Control survey found that 45% of minors who ever tried to purchase cigarettes and 57% of minors who ever tried to purchase smokeless tobacco reported that they were never asked to show proof of age.[8]

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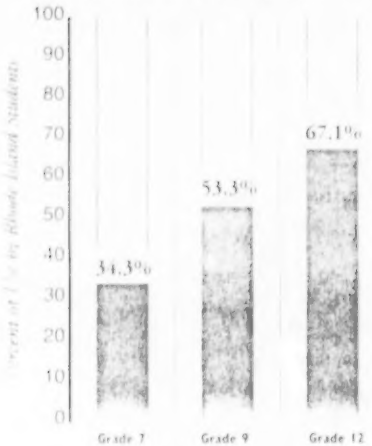


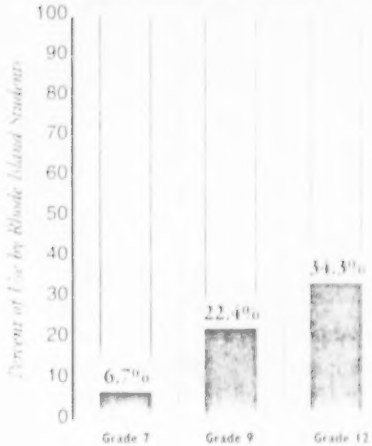


(n = 6,060 Grade 7; n = 6,629 Grade 9; n = 2,627 Grade 12)

*Student had used alcohol or marijuana in the past month

Source: 1995 Rhode Island Adolescent Substance Abuse Survey: Report of Statewide Results (1996). Providence: Rhode Island Department of Health.

Alcohol is the leading substance of abuse at all grade levels in Rhode Island. The prevalence of alcohol use is higher than national rates.[1]

The 1995 National Monitoring the Future Study of 8th, 10th and 12th graders found that the use of illicit drugs has increased from the previous year, driven in part by a sharp increase in the use of marijuana.[2]

The number of Rhode Island juvenile arrests for drug abuse violations in 1995 was the highest recorded total since 1977.[3] Drug and alcohol offenses referred to Family Court increased 50% between 1994 and 1996, from 691 offenses in 1994 to 1,033 offenses in 1996.[4] Ninety percent of the incarcerated population at the Training School had been regular abusers of illicit substances and alcohol.[5]

## References for Indicator


*America's Children at Risk: A National Agenda for Legal Action* (1993). Chicago: American Bar Association.

*The 1995 Rhode Island Adolescent Substance Abuse Survey: Report of Statewide Results* (1996). Providence: Rhode Island Department of Health.

*Sex and America's Teenagers* (1994). New York: Alan Guttmacher Institute.

Perry, C.L. (1996). "Models for Effective Prevention." *The Prevention Researcher*, Vol. 3, No. 1 (Winter 1996).

Child Trends, Inc. and the U.S. Census Bureau. *Trends in the Well-Being of America's Children and Youth: 1996* (1996). Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

*Preventing Tobacco Use Among Young People: A Report of the Surgeon General* (1994). Atlanta: The Centers for Disease Control and Prevention.

*Morbidity and Mortality Weekly Report* (May 24, 1996). "Tobacco Use and Usual Source of Cigarettes Among High School Students – United States, 1995." Atlanta: The Centers for Disease Control and Prevention.

*National Survey Results On Drug Use From The Monitoring the Future Study: 1975-1994* (1995). Washington, D.C.: U.S. Department of Health and Human Services.

Governor's Justice Commission. *Current Rhode Island Juvenile Arrest Analysis and Statistics*, October 1995.

Rhode Island Family Court, RIHS Intake Statistics, Year End Reports, 1994-1996.

*Strategic Plan 1995-2000 for Substance Abuse Prevention, Intervention, and Treatment* (1995). Rhode Island: The Rhode Island Department of Substance Abuse and the Governor's Council on Substance Abuse.


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# Additional Children's Health Issues

**Rhode Island KIDS COUNT is dedicated to providing a comprehensive profile of the well-being of children in Rhode Island. However, there are some important issues affecting children for which there is a lack of available city and town data. Some of these critical health issues are as follows:**

## Access to Dental Care

Children who receive an inadequate level of dental care or no dental care at all can develop long-term oral health problems and are more likely to experience dental conditions that require emergency treatment. Chronic dental problems can lead to a poor self-image, a lack of concentration, absenteeism, and reduced school performance. Minorities have the greatest extent of untreated dental problems for all age groups.[1] Low-income children are at greater risk for tooth decay and other symptoms of malnutrition.[2]

Access to dental care is a major obstacle confronting children from poor, working poor, and uninsured families. There is a shortage of private providers willing to accept Medical Assistance patients due to the low level of reimbursement for services. Only five community health centers in the state provide dental care, and all have waiting lists for new patients. Dental check-ups through Head Start, Donated Dental Services of Rhode Island (for children with disabilities), Traveler's Aid's program for homeless teens, a targeted school-based sealant program, and a new clinic at St. Joseph's Hospital help to increase access. Nonetheless, children's unmet needs for dental care are substantial.

**Sources**


[1] Zimmerman, H. (1996). *Dental Care and Unmet Needs for Dental Care Among the Uninsured and Medicaid Populations of Rhode Island* (1996). Rhode Island: Rhode Island Health Center Association.

[2] *Health Care*. (Summer/Fall 1993). Los Altos: The Center for the Future of Children.


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## Childhood Immunizations

Immunization is an important medical intervention to prevent disease.[1] Children need to be immunized on schedule to guard against a variety of preventable illnesses. It is estimated that every dollar spent on immunization saves ten dollars in later medical costs.[2] Efforts are underway in communities across the country to increase the number of fully-immunized children through neighborhood outreach programs that communicate directly with parents and provide easy access to immunization sites.[3]

According to the National Immunization Survey conducted by the Centers for Disease Control between July 1994 and December 1995, Rhode Island's immunization rate for two-year-olds has reached 83%, exceeding the national average of 75%.[4]

Retrospective surveys conducted by the Rhode Island Department of Health revealed lower immunization rates among children in high risk communities and the rest of the state.* These discrepancies appear as early as three months of age, widen by seven months, and persist throughout the first two years of life.[5] Efforts to raise immunization rates include collaboration with the WIC program, assessment of immunization rates in individual practice settings, and the development of computerized tracking systems to remind parents and health care providers that an inoculation is due.[6]

**The high risk communities identified by the Department of Health for the retrospective survey were Central Falls, East Providence, Newport, Pawtucket, Providence, and Woonsocket.*

**Sources**


[1] *Starting Points: Meeting the Needs of Our Youngest Children* (1994). New York: Carnegie Corporation.

[2] *Immunization of Young Children* (Spring 1994). Los Altos: The Center for the Future of Children.

[3] *National Immunization Survey*, (July 1994 through December 1995). Atlanta: Centers for Disease Control and Prevention.

[4] Rhode Island Department of Health, Division of Family Health, 1996.





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## Children's Mental Health

Children's emotional well-being is essential to their growth and development. An estimated 12 to 15 percent of American children suffer from mental disorders. While the most frequent disorders treated include hyperactivity, attention deficit disorder and other conduct disorders, more than five percent of school-age children and adolescents suffer from depression and anxiety problems. [1] By age 14, girls are twice as likely as boys to suffer from depression, a gender difference that persists through adulthood. Seventy percent of children with disorders do not access mental health services.

In Rhode Island, the eight Community Mental Health Centers provided services to a total of 6,064 children and youth during the 1996 fiscal year. [2] Bradley Hospital, Rhode Island's largest psychiatric center for children and adolescents, admitted 697 children and youth to its hospital programs for the treatment of emotional disorders in fiscal year 1996. [3] Butler Hospital admitted 538 children and youth. [4]

Mental health professionals emphasize early intervention in order to keep children's emotional problems from intensifying. Children with mental health problems are found in all areas of children's services, including education, health, child welfare, and juvenile justice. Multi-agency planning for coordinated care is critical. The Rhode Island Child and Adolescent Services System Program (CASSP) promotes local systems of care that are family-focused, multi-disciplinary, and tailor individual support services to meet the needs of the child and family.

RIte Care, Rhode Island's Medicaid managed care program, includes coverage for some mental health services. There are significant numbers of children who do not qualify for RIte Care whose families are unable to pay for mental health services in the private market.

**Sources**


*Critical Issues for Children and Youths* (1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

*Great Transitions: Preparing Adolescents for a New Century* (1995). New York: Carnegie Council on Adolescent Development.

[1] Rhode Island Community Mental Health Centers, 1996.

[2] Bradley Hospital, June 1995 through July 1996.

[3] Butler Hospital, June 1995 through July 1996.


## Children with Disabilities

Disibilities in childhood, whether mild or severe, have the potential to create special needs related to physical and mental health, parent support, child care, education, recreation, and career preparation. [1]

Infants and toddlers from birth to age 3, who have a developmental delay or a physical or mental condition likely to result in developmental problems, are eligible for support through the statewide Early Intervention program. [2] This program provides developmental and therapeutic assessments, evaluation and services for 1,639 Rhode Island children. [3]

All children with disabilities or suspected disabilities become eligible for special education services from their school district at age 3. [4] In Rhode Island, there are 25,143 children (17% of the student population) who receive special education services; more than 56% of these children are classified as learning disabled; 22% speech disorder; 7% behavioral disorder; 4% mental retardation; 4% developmental delay; and 7% other physical disabilities. [5]

As of April 1996, there were 3,140 disabled children under age 18 receiving Supplemental Security Income (SSI). [6] Some children who do not qualify for SSI receive Medicaid funds for therapeutic and health care services, as well as wheelchairs, communication devices, home-based therapy, respite care, and home modifications. Without these services, parents might have to give up their jobs or seek institutional placements for children. [7]

**Sources**


[1] E.W. Martin, R. Martin, and D.L. Terman, "The Legislative and Litigation History of Special Education" in *Special Education for Students with Disabilities* (1996). Los Altos, CA: Center for the Future of Children.

[2] RI Department of Health, Division of Family Health, 1996.

[3] RI Department of Elementary and Secondary Education, Office of Special Education, June 1995.

[4] Social Security Administration, April 1996.

[5] *A Lifeline: Medicaid and Rhode Islanders with Disabilities* (Spring 1996). Cranston, RI: RI Developmental Disabilities Council.





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# April Rain Song

Let the rain kiss you.

Let the rain beat upon your head with silver liquid drops.

Let the rain sing you a lullaby.

The rain makes still pools on the sidewalk.

The rain makes running pools in the gutter.

The rain plays a little sleep-song on our roof at night–

And I love the rain.

– Langston Hughes

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# Child Deaths

## DEFINITION

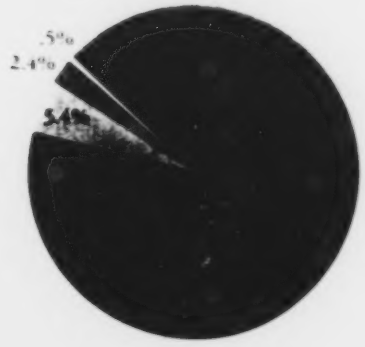
*Child deaths* is the number of deaths from all causes to children ages 1 to 14, per 100,000 children. The data are reported by place of residence, not place of death.

## SIGNIFICANCE

The child death rate is a reflection of the physical health of children, the dangers to which children are exposed at home and in the community, and the level of adult supervision children receive.[1] Despite medical advances in prevention and treatment, the leading cause of death among Rhode Island children is illness. Of the 205 child deaths in Rhode Island between 1989 and 1993, 136 were due to illness.

Unintentional injuries cause death and disability in children. It is estimated that 90% of unintentional injuries can be prevented.[2] Between 1989 and 1993, fifty-two deaths were due to unintentional injuries. An additional sixteen deaths were due to intentional injuries (i.e. homicide or suicide). The four leading causes of injury deaths for children ages 1 to 14 were homicide, drowning, fire, and choking.[3]

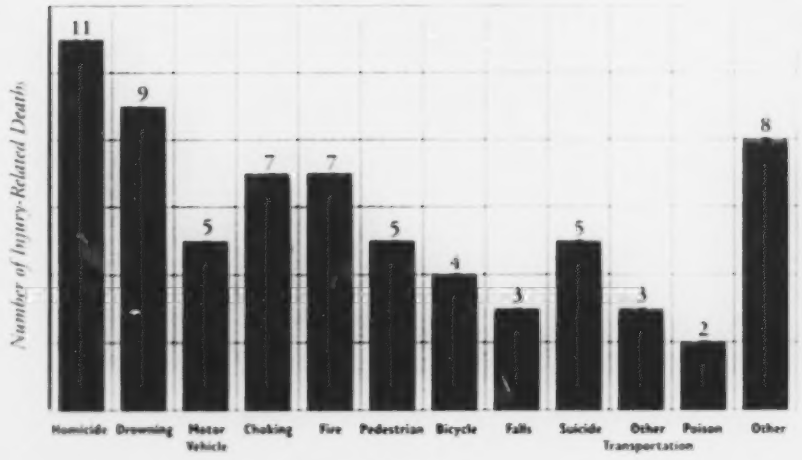
**Child Deaths by All Causes, Children Ages 1 to 14, Rhode Island, 1989 – 1993**




*(n=205)*

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database – Death Files, 1989 to 1993.

**Cause of Injury Deaths, Children Ages 1 to 14, Rhode Island, 1989 – 1993**




Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database – Death Files, 1989 to 1993.

◆ The number of injury deaths is only a small part of the whole injury picture. For every death due to injuries, there are many more injuries that are untreated or require emergency room treatment or hospitalization.[5]

◆ The Rhode Island Department of Health compiled 1990 injury data for children ages 0-14 and found there were 11 deaths, 882 hospitalizations, and 27,400 emergency room visits—all due to injuries.[6]

◆ Many of the injuries that do not result in death leave children temporarily or permanently disabled, result in time lost from school, and decrease the child's ability to participate in activities.[7]



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*Table 17*

## Child Deaths, Rhode Island, 1989-1993

| CITY/TOWN | NUMBER OF CHILDREN AGES 1-14 | NUMBER OF CHILD DEATHS | RATE PER 100,000 | 1988-1992 NUMBER OF CHILD DEATHS | 1988-1992 RATE PER 100,000 |
|---|---|---|---|---|---|
| Barrington | 3,139 | 3 | NA | 3 | NA |
| Bristol | 3,405 | 2 | NA | 1 | NA |
| Burrillville | 3,586 | 3 | NA | 2 | NA |
| Central Falls | 3,860 | 5 | NA | 8 | NA |
| Charlestown | 1,291 | 1 | NA | 1 | NA |
| Coventry | 6,009 | 6 | NA | 6 | NA |
| Cranston | 11,501 | 13 | NA | 12 | NA |
| Cumberland | 5,064 | 3 | NA | 4 | NA |
| East Greenwich | 2,290 | 0 | NA | 0 | NA |
| East Providence | 8,432 | 7 | NA | 7 | NA |
| Exeter | 1,209 | 0 | NA | 0 | NA |
| Foster | 949 | 0 | NA | 0 | NA |
| Glocester | 2,029 | 0 | NA | 1 | NA |
| Hopkinton | 1,489 | 4 | NA | 5 | NA |
| Jamestown | 897 | 0 | NA | 0 | NA |
| Johnston | 4,167 | 4 | NA | 3 | NA |
| Lincoln | 3,053 | 2 | NA | 2 | NA |
| Little Compton | 586 | 0 | NA | 1 | NA |
| Middletown | 3,806 | 7 | NA | 4 | NA |
| Narragansett | 2,278 | 1 | NA | 0 | NA |
| Newport | 1,546 | 4 | NA | 7 | NA |
| New Shoreham | 135 | 1 | NA | 1 | NA |
| North Kingstown | 4,854 | 5 | NA | 1 | NA |
| North Providence | 4,323 | 4 | NA | 4 | NA |
| North Smithfield | 1,784 | 0 | NA | 0 | NA |
| Pawtucket | 13,099 | 21 | NA | 21 | NA |
| Portsmouth | 3,263 | 4 | NA | 4 | NA |
| Providence | 30,219 | 55 | NA | 54 | NA |
| Richmond | 1,269 | 3 | NA | 1 | NA |
| Scituate | 1,878 | 2 | NA | 3 | NA |
| Smithfield | 3,103 | 1 | NA | 1 | NA |
| South Kingstown | 3,836 | 2 | NA | 1 | NA |
| Tiverton | 2,428 | 0 | NA | 1 | NA |
| Warren | 1,922 | 1 | NA | 1 | NA |
| Warwick | 14,376 | 18 | NA | 18 | NA |
| Westerly | 4,006 | 3 | NA | 4 | NA |
| West Greenwich | 727 | 1 | NA | 1 | NA |
| West Warwick | 5,168 | 7 | NA | 8 | NA |
| Woonsocket | 8,462 | 12 | NA | 8 | NA |
| *Core Cities* | *60,186* | *97* | *32.2* | *98* | *32.6* |
| *Remainder of State* | *118,252* | *108* | *18.3* | *101* | *17.1* |
| *Rhode Island* | *178,438* | *205* | *23.0* | *199* | *22.3* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Office of Health Statistics, 1989 to 1993 and 1988 to 1992. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

NA: Because nearly all cities have a low number of deaths, the death rates are highly variable. Therefore the rates are not provided for cities and towns.

The denominator is the number of children ages 1 to 14 according to the 1990 Census of Population, multiplied by five to compute a rate over five years, 1988 to 1992.

### References for Indicator


*A Data Book of Child and Adolescent Injury* (1991). Washington, D.C.: Childrens Safety Network.

Rhode Island Department of Health, Office of Health Statistics, 1989 to 1993.

National Safe Kids Campaign (1996). *Childhood Injury* [Fact Sheet]. Washington, D.C.: National Safe Kids Campaign.

Lewit, Eugene M. and Linda Schuurman Baker, "Unintentional Injuries" in *The Future of Children*, Vol. 5, Number 1 (Spring 1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

1990 Rhode Island Injury Hospitalizations Database. Providence, RI: Rhode Island Department of Health.





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# Teen Deaths

### DEFINITION

*Teen deaths* is the number of deaths from all causes to teens ages 15 to 19, per 100,000 teens. The data are reported by place of residence, not place of death.

### SIGNIFICANCE

Teens are more likely than any other age group to take risks that can cause injury to themselves or others. Factors contributing to teen deaths include risk-taking behavior, the use of alcohol and drugs, and violence.[1]

The leading cause of death among Rhode Island teens is unintentional injuries. Of the 166 teen deaths between 1989 and 1993, sixty-seven were due to unintentional injuries; more than two-thirds of these were due to motor vehicle collisions.[2]

Suicide and homicide claimed the lives of 54 teens, accounting for one-third of all teen deaths between 1989 and 1993.[3] Twelve percent of the 27,202 students surveyed in the 1995 RI Adolescent Substance Abuse Survey reported that they often feel that life is not worth living.[4] Gay and lesbian youth are two to three times more likely to attempt suicide than heterosexual young people.[5]

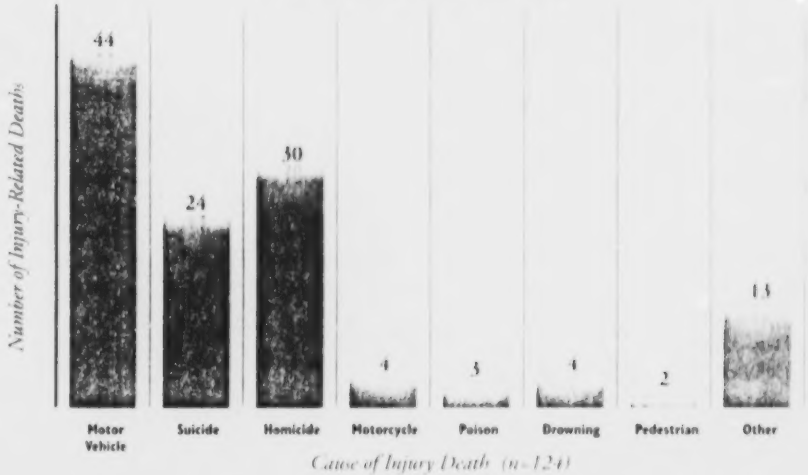
**Teen Deaths by All Causes, Teens Ages 15 to 19, Rhode Island, 1989 – 1993**

| | |
|---|---|
| 40.4% | Unintentional Injuries |
| 25.3% | Illnesses |
| 14.5% | Suicide |
| 18.0% | Homicide |
| 1.8% | Other |

*(n=166)*

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database-Death Files, 1989-1993.

**Cause of Injury Deaths, Teens Ages 15 to 19, Rhode Island, 1989 – 1993**




Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database-Death Files, 1989-1993.

### Gun Violence

◆ In Rhode Island in 1994 and 1995, there were 11 gun deaths among teens ages 15 to 19. Of the forty-eight children hospitalized with gunshot wounds, one of the victims was younger than age 5, two were between ages 5 and 9, seven were between the ages of 10 and 14, and thirty-eight were between the ages of 15 and 19. Twenty-two were intentional injuries, twenty-two were unintentional injuries, and four were of undetermined intention.[6]

Source: Rhode Island Department of Health, Office of Health Statistics, 1996.



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*Table 18*

## Teen Deaths, Rhode Island, 1989-1993

| CITY/TOWN | NUMBER OF TEENS AGES 15-19 | NUMBER OF TEEN DEATHS | RATE PER 100,000 | 1988-1992 NUMBER OF TEEN DEATHS | 1988-1992 RATE PER 100,000 |
|---|---|---|---|---|---|
| Barrington | 1,004 | 1 | NA | 1 | NA |
| Bristol | 1,941 | 4 | NA | 5 | NA |
| Burrillville | 1,132 | 4 | NA | 2 | NA |
| Central Falls | 1,148 | 1 | NA | 2 | NA |
| Charlestown | 328 | 1 | NA | 2 | NA |
| Coventry | 2,139 | 6 | NA | 8 | NA |
| Cranston | 4,265 | 13 | NA | 14 | NA |
| Cumberland | 1,814 | 3 | NA | 4 | NA |
| East Greenwich | 808 | 1 | NA | 0 | NA |
| East Providence | 2,926 | 3 | NA | 2 | NA |
| Exeter | 350 | 1 | NA | 1 | NA |
| Foster | 289 | 4 | NA | 3 | NA |
| Glocester | 707 | 6 | NA | 4 | NA |
| Hopkinton | 458 | 0 | NA | 1 | NA |
| Jamestown | 284 | 2 | NA | 2 | NA |
| Johnston | 1,532 | 0 | NA | 1 | NA |
| Lincoln | 1,108 | 0 | NA | 2 | NA |
| Little Compton | 202 | 2 | NA | 1 | NA |
| Middletown | 1,130 | 0 | NA | 0 | NA |
| Narragansett | 782 | 2 | NA | 1 | NA |
| Newport | 2,228 | 5 | NA | 7 | NA |
| New Shoreham | 25 | 0 | NA | 0 | NA |
| North Kingstown | 1,594 | 9 | NA | 8 | NA |
| North Providence | 1,741 | 3 | NA | 2 | NA |
| North Smithfield | 722 | 0 | NA | 0 | NA |
| Pawtucket | 4,487 | 6 | NA | 5 | NA |
| Portsmouth | 1,062 | 2 | NA | 1 | NA |
| Providence | 14,583 | 45 | NA | 47 | NA |
| Richmond | 363 | 2 | NA | 2 | NA |
| Scituate | 686 | 1 | NA | 1 | NA |
| Smithfield | 1,848 | 2 | NA | 2 | NA |
| South Kingstown | 4,060 | 5 | NA | 7 | NA |
| Tiverton | 1,004 | 2 | NA | 1 | NA |
| Warren | 624 | 1 | NA | 1 | NA |
| Warwick | 5,258 | 12 | NA | 13 | NA |
| Westerly | 1,230 | 6 | NA | 5 | NA |
| West Greenwich | 259 | 1 | NA | 1 | NA |
| West Warwick | 1,798 | 5 | NA | 5 | NA |
| Woonsocket | 2,942 | 5 | NA | 6 | NA |
| *Core Cities* | *25,388* | *62* | *48.8* | *67* | *52.8* |
| *Remainder of State* | *45,474* | *104* | *45.7* | *103* | *45.3* |
| *Rhode Island* | *70,862* | *166* | *46.9* | *170* | *48.0* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Office of Health Statistics, 1989-1993. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

NA: Because nearly all cities have a low number of deaths, the death rates are highly variable, and therefore the rates are not provided for cities and towns.

The denominator is the number of teens ages 15 to 19 according to the 1990 Census of Population, multiplied by five to calculate a rate over five years, 1989 to 1993.

### References for Indicator


*Losing Generations: Adolescents in High Risk Settings* (1993). Washington, DC: National Academy Press.

Rhode Island Department of Health, Office of Health Statistics.

*1995 Rhode Island Youth Risk Behavior Survey* (March 1996). The Rhode Island Department of Health, Office of Health Statistics.

Gibson, P. (1989). *Secretary's Task Force on Youth Suicide*. Washington, DC: U.S. Department of Health and Human Services.





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# Homeless Children

## DEFINITION

*Homeless children* is the number of Rhode Island children under 13 years old who received emergency services at homeless shelters and domestic violence shelters between July 1, 1995 and June 30, 1996.

## SIGNIFICANCE

Deprived of the protection and stability a home provides, homeless children often suffer from illness and serious emotional distress, exhibiting short attention spans, withdrawal, aggression, speech delays, and sleep disorders. They are more at risk for lead poisoning, asthma, and malnutrition and are at greater risk for educational underachievement. [1]

Periods of homelessness, or a rapid succession of moves due to an unstable living situation, have a negative impact on a child's education. [2] Rhode Island educators, particularly in the core cities, report a rise in the number of students moving in and out of their school communities during the course of an academic year.

The shortage of affordable apartments and the dwindling number of housing subsidies has caused many Rhode Island families to "double-up", resulting in overcrowded, unstable living conditions. With a large percentage of family income going toward rent, any interruption in income or unexpected expense can place families at risk of homelessness. [3]

Many children are homeless due to domestic violence. In addition to fearing for their own and their mother's safety, exposure to violence can limit children's cognitive development and the ability to form close attachments. [4]

**Children Receiving Services at Homeless Shelters and Domestic Violence Shelters, by Age, Rhode Island 1996**

(n=1,056)

Source: *Rhode Island Emergency Shelter Information Project Annual Report*, July 1, 1995-June 30, 1996 (1996). Rhode Island: The Rhode Island Emergency Food and Shelter Board.

- **1,056 children under age thirteen received shelter through Rhode Island's Emergency Shelter network (homeless and domestic violence shelters) from July 1, 1995 through June 30, 1996. This does not include families who were turned away from shelters or those who sought shelter with family members or friends.** [5]

- **Two-thirds of the children under age 13 were assisted at emergency homeless shelters and one-third were assisted at domestic violence shelters.** [6]

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## Homeless and Runaway Youth

Nationally it is estimated that 500,000 youth runaway each year; most are between the ages of thirteen and fifteen.[7]

Homeless and runaway youth are at risk of being physically and or sexually victimized, abusing drugs and alcohol, attempting suicide, becoming victims or perpetrators of crime, receiving money for sex to meet their basic survival needs, and contracting HIV/AIDS.[8]

Many runaway and homeless youth are fleeing disruptive and abusive family conditions.[9] Some runaway youth are considered to be "throw-aways" who were told to leave a household, were abandoned or deserted, or tried to return home and were denied access.[10]

## Homeless Youth in Rhode Island

*While there are no accurate data on the total number of homeless and runaway youth in Rhode Island, the following information provides an indication of the problem.*

* A total of 477 runaway or throwaway youth under age 18 accessed services through Travelers Aid's Runaway Youth Project from January through December 1996. The majority of these youth were from families living below the poverty line and almost half had dropped out of school.[11]

* In February 1996, Tides Family Services provided services to 122 wayward and delinquent youth in the Pawtucket/Central Falls area, up from 76 youth served in February 1995.

* There has been a steady increase in the demand for host home placement through the Runaway and Homeless Youth Network which includes Stopover Services of Newport County, the Urban League, Tides Family Services, and Travelers Aid.

* In January 1997, 178 youth in DCYF care were classified as unauthorized absence/runaways.

* 82 youths age 13 to 17 received service from homeless and domestic violence shelters between June 1995 and July 1996.

### References for Indicator


*America's Children At Risk: A National Agenda for Legal Action* (1993). Chicago, IL: American Bar Association.

*Children and Their Housing Needs: A Report to KIDS COUNT* (1993). Washington, DC: Center on Budget and Policy Priorities.

*The Impact of Domestic Violence on Children: A Report to the President of the American Bar Association* (1994). Chicago: American Bar Association Center on Children and the Law.

*Rhode Island Emergency Shelter Information Project Annual Report: July 1, 1995-June 30, 1996* (1996). Rhode Island: The Rhode Island Emergency Food and Shelter Board.

Schneider, D. (1995). *American Childhood: Risks and Realities*. New Jersey: Rutgers University Press.

*Youth With Runaway, Throwaway, and Homeless Experiences: Prevalence, Drug Use, and Other At-Risk Behaviors* (1995). FYSB Update. Washington, D.C.: Family and Youth Service Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Travelers Aid, Providence, RI. Year End Reports, 1995 and 1996.





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# Juveniles Referred to Family Court

### DEFINITION

*Juveniles referred to Family Court* is the percentage of juveniles ages 10 to 17 referred to Rhode Island Family Court for all wayward and delinquent offenses.

### SIGNIFICANCE

Risk factors for juvenile crime and delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including chronic truancy and falling behind one or more grade levels, increases the likelihood of involvement with the juvenile justice system.[1]

The Rhode Island Family Court has jurisdiction over all juvenile offenders referred for wayward and delinquent offenses.

In 1996, in Rhode Island, 5,198 juveniles were referred to Family Court for a total of 10,375 offenses (one youth can be charged with multiple offenses). In all, 5.5% of Rhode Island youths ages 10 to 17 were referred to Family Court at least once in 1996. These numbers do not include instances in which local law enforcement agencies refer a juvenile to a youth diversionary program or a city or town juvenile hearing board.

Approximately 31% of all cases referred to Family Court are diverted instead of proceeding to a formal court hearing. Current community-based diversion/rehabilitation openings are limited. Specialized community-based placements are often unavailable for youth who need them.

In 1996, the Attorney General's Office filed 51 motions for waiver of jurisdiction to try juveniles as adults. 41 of these waiver motions were granted; 10 are pending.

**Juvenile Wayward/Delinquent Offenses Referred to Family Court by Type, Rhode Island, 1996**

| | | | |
|---|---|---|---|
| 35% | Property Offenses | 5% | Violent Crime Offenses |
| 13% | Status Offenses* | 4% | Traffic Offenses |
| 13% | Simple Assaults | 3% | Weapons Offenses |
| 12% | Disorderly Conduct | 4% | Other |
| 10% | Drugs and Alcohol | | |

*n = 10,375*

**Status Offenses are acts that are age related and would not be punishable if the offender were an adult, such as truancy and disobedient conduct.*

Source: RI Family Court, RIJIS Intake Statistics, Year End Reports, 1996.

### Focus On Prevention

- The Comprehensive Strategy of the Justice Department's Office of Juvenile Justice and Delinquency Prevention Programs (OJJDP) promotes prevention and early intervention as the most cost-effective approach to reducing delinquency.[4]

- Successful prevention strategies must engage the entire spectrum of individuals and institutions in the young person's life, including families, schools, peers, and other adults in the community. Prevention and early intervention programs are most effective when they are community based, culturally appropriate and initiated early in a child's development.[4]

- Effective prevention strategies include truancy reduction, mentoring, conflict resolution, after-school tutoring, vocational training, recreation, community service and leadership development.[5]

- Many violent juveniles have themselves been victims of neglect, abuse, and violence. Child abuse prevention and intervention are needed to interrupt the cycle of violence.[6]



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### Juvenile Offenses, Rhode Island, 1995 to 1996 [7]

Drug/Alcohol offenses increased 11%, from 933 to 1033.

Arson offenses decreased 46%, from 100 to 54.

Violent crime offenses decreased 6%, from 579 to 542.

Weapons offenses increased 36%, from 226 to 307.

Possession of firearm on school property offenses increased from 7 to 8.

### The Rhode Island Training School for Youth

The Department of Children, Youth, and Families operates the Rhode Island Training School for Youth, the state's 176-bed residential detention facility for adjudicated youths and those awaiting trial.

As of December, 1996 there were 205 youths at the Training School – 16% over capacity. Approximately 1,060 youth passed through the Training School during 1996. The average sentence is between six and twelve months. The Training School population ranges in age from 12 to 20; the average age is seventeen years; 92% of the residents are male, 8% are female. Over 60% of the Training School population is made up of ethnic/racial minorities. [8]

The mean reading level of the total Training School population is fifth grade, sixth month; and the mean mathematics level is fourth grade, ninth month. A survey of educational records of Training School youth confirms significant academic difficulty in local schools. Based on 61 records reviewed, in the year prior to incarceration, 4 youths had passing grades, 2 youths had mixed passing and failing grades, and 55 had all failing grades or no grades at all. [9]

### Adolescence to Adulthood: Successful Transitions

According to a 1995 Carnegie Corporation report, *Great Transitions: Preparing Adolescents for a New Century*: [10]

Good schools, caring families, and supportive community institutions help young people make the transition into adulthood – well-educated, committed to families and friends, and prepared to be productive workers and citizens.

Adolescents need critical life skills such as problem-solving, decision-making, resolving conflict nonviolently, and coping with stress.

Adolescents need environments that foster healthy social development, academic and vocational skills, and offer opportunities for recreation and community service.

Adolescents need close, ongoing contact with caring and competent adults whose judgment they trust.

#### References for Indicator


[7] *Juvenile Offenders and Victims, a National Report* (1995). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice.

Rhode Island Family Court, RIHS Intake Statistics, Year End Reports, 1995 and 1996.

[8] *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (1995). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice.

[9] *Combating Violence and Delinquency: the National Juvenile Justice Action Plan* (1996). Washington, DC: Coordinating Council on Juvenile Justice and Delinquency Prevention.

[8] Training School: Superintendent's Office, RI Training School for Youth, January 1997.

*Report of the Special Master to the Rhode Island Training School for Youth Educational Program*, December 19, 1995.

[10] *Great Transitions: Preparing Adolescents for a New Century* (1995). New York: Carnegie Council on Adolescent Development.




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# Child Abuse and Neglect

### DEFINITION

*Child abuse and neglect* is the total number of indicated cases of child abuse and neglect per 1,000 children. "Indicated case" means that credible evidence exists that child abuse and/or neglect occurred following an investigation of an abuse report. An indicated case can involve more than one child. Child abuse includes physical, sexual, and emotional abuse. Child neglect includes physical and emotional neglect.

### SIGNIFICANCE

Every year, nearly 3 million children throughout the United States are reported to child protective services agencies as alleged victims of child maltreatment.[1] More than one million children are found to be confirmed victims of abuse or neglect each year.[2] Children may suffer from child abuse regardless of their racial or ethnic background or socio-economic status. Children are at increased risk for maltreatment if their parents or caregivers are experiencing multiple problems such as drug and alcohol abuse, mental illness, emotional stress, poverty, unemployment, or domestic violence.[3]

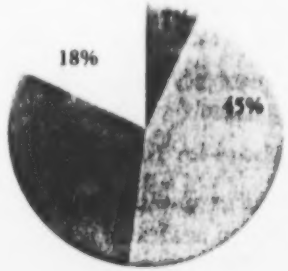
Child maltreatment can result in death, permanent disability, delayed development, mental and behavioral disorders, depression, and suicide. It is also linked to poor academic performance, juvenile delinquency, and teenage pregnancy.[4]

In Rhode Island in 1996, there were 2,541 indicated cases of child abuse and neglect, a rate of 9.1 per 1,000 children. Fifty-five percent of indicated cases involved children from the core cities of Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

**Indicated Cases of Child Abuse and Neglect, Rhode Island, 1995**

**By Age of Victim**

| | |
|---|---|
| 7% | Under Age 1 |
| 45% | Ages 1 to 5 |
| 30% | Ages 6 to 11 |
| 18% | Ages 12 to 18 |




*(n=3,192)**

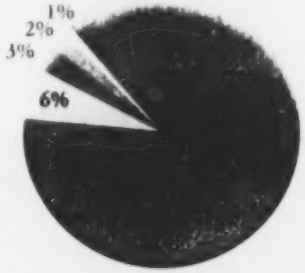
**By Type of Abuse**

| | |
|---|---|
| 62% | Neglect |
| 28% | Physical Abuse |
| 8% | Sexual Abuse |
| 2% | Medical Neglect |

*(n=4,906)***

**By Relationship to Perpetrator**

| | |
|---|---|
| 77% | Parents |
| 11% | Relatives/Household Members |
| 6% | Unknown |
| 3% | Child Day Care Providers |
| 2% | Foster Parents |
| 1% | Residental Facility Staff |




*(n=5,286)****

*Notes on Pie Charts*

*All data are from the Rhode Island Department of Children, Youth, and Families.*

** The number of victims is higher than the number of indicated cases. One indicated case can involve more than one child victim. Data reflect an unduplicated count of child victims.*

*** This number reflects maltreatment events, not children. Children often experience more than one type of abuse. For example, if a child were physically and sexually abused, two maltreatment events would be counted.*

**** Perpetrators can abuse more than one child and can abuse a child more than once.*

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## Facts About Child Abuse in Rhode Island, 1995

3,192 children were determined to be victims of child abuse and neglect by DCYF.

52% of child abuse and neglect victims were under age 6, including 227 infants under age one.

51% of the victims of child abuse and neglect were female, 49% were male.

5 children died as a result of injuries due to abuse by a parent or caretaker.

## Rhode Island Child Deaths Due to Child Abuse and Neglect*

| YEAR | NUMBER OF DEATHS |
|---|---|
| 1990 | 4 |
| 1991 | 7 |
| 1992 | 4 |
| 1993 | 3 |
| 1994 | 5 |
| 1995 | 5 |
| 1996 | 3 |

** Based on R.I. Department of Children, Youth, and Families determination of death due to child abuse or neglect by parent or caretaker.*

## DCYF (CANTS)* Hotline Calls for Reports of Abuse/Neglect, Investigations, and Indicated Cases, Rhode Island, 1994-1996

| YEAR | HOTLINE CALLS REPORTING ABUSE/NEGLECT** | NUMBER OF COMPLETED INVESTIGATIONS | NUMBER INDICATED CASES |
|---|---|---|---|
| 1994 | 13,968 | 8,478 | 2,732 |
| 1995 | 13,841 | 8,553 | 2,781 |
| 1996 | 13,098 | 8,396 | 2,541 |

** Child Abuse and Neglect Tracking System*

*** One CANTS investigation can be generated by multiple hotline calls.*

Source: All data are from the Rhode Island Department of Children, Youth, and Families, 1990-1996.

## The Impact of Violence in the Home On Children

87% of children in homes with domestic violence witness the abuse. The impact of children's exposure to domestic violence can cause psychological harm. Children fear for their own and their mother's safety, and often experience self-blame. Exposure to such trauma can also limit cognitive development and the ability to form close attachments.[5]

The rate of child abuse is significantly greater for children in homes with spousal battery (husband to wife). A review of research on the relationship between domestic violence and child abuse indicates that up to 50% of the children in these violent homes are themselves abused.[6]

## The Sexual Abuse of Children

The FBI estimates that as many as one out of every three girls and one out of every five boys will be sexually assaulted by the time they reach age 18.[7]

97% of child molesters are male, and it is estimated that 80 to 90 percent of them are known to the children they molest. The most frequent perpetrators are the victim's biological father, stepfather, mother's boyfriend, or acquaintances of the child's family.[8]

The RI Department for Children, Youth and Families received reports of sexual molestation involving 733 children in 1995. Of these, investigators substantiated abuse involving 328 children. Ninety-three of these cases involved sexual intercourse, 232 cases involved sexual molestation, and 3 cases involved sexual exploitation.[9]



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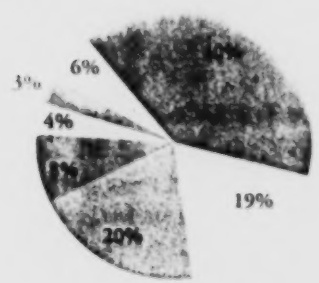
# Child Abuse and Neglect

## DCYF Caseload:

On January 1, 1997 the total active caseload of the Rhode Island Department of Children, Youth and Families was 7,716 children. This does not count the 2,063 children in pending child abuse and neglect investigations or the 663 children enrolled in DCYF community-based programs.

### Children In DCYF Care by Living Arrangement

| | |
|---|---|
| 40% | In Home |
| 19% | Foster Care Home |
| 20% | Subsidized Adoption |
| 8% | Group Homes/Ind. Living Residential Treatment |
| 4% | Relatives/Guardian |
| 3% | Detention Facility |
| 6% | Other |




n = 7,716

124

### Children in Out-of-Home Placements

- The most frequent reasons children are removed from their homes are neglect, lack of supervision, sexual abuse and physical abuse, and incapacity of the parent. Increasingly, parental abuse of alcohol and illegal drugs are contributing factors leading up to the need for substitute care. Some children are in out-of-home placements because they represent a danger to themselves, their families, or their communities. [10]

- Out-of-home placements include non-relative foster homes, relative foster homes, specialized foster homes, relatives, group homes, shelter care, residential treatment, and medical facilities. As of January 1997, 2,290 Rhode Island children under the care of DCYF were in out-of-home placements. An additional 1,534 children were involved with subsidized or non-subsidized adoptions, and 178 were classified as unauthorized absence/runaways.

- Night-to-night placements refer to the temporary nightly placement of youths under the care of DCYF who are awaiting a permanent foster care placement or a group home/treatment placement or who have run away from their current placement. During November and December 1996, an average of 14 youths per week were in night-to-night placements.

### Foster Homes

- In Rhode Island as of January 1997, there were 1,481 children living in foster homes: 57% in non-relative foster homes, 35% in relative foster homes, and 8% in specialized foster homes (which provide specialized care to children with special medical needs).

- As of January 1997, there were 604 licensed foster homes providing non-relative foster care; 371 certified relative foster homes; and 96 homes pending licensure or certification.

- An increasing number of children entering relative and non-relative foster homes have significant emotional, behavioral and medical needs, including developmental delays, low birth weight, heart problems, AIDS, and health problems due to prenatal drug exposure. The complex needs of the children require adequate support for foster parents and a comprehensive array of services and supports in the community. [11]

### Residential Care

- As of January 1997, 351 young people in DCYF care were in residential treatment, 149 were in group homes, and 121 were in independent living situations.



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per 1,000 Children, Rhode Island 1996

| CITY/TOWN | TOTAL POPULATION OF CHILDREN UNDER 21 | NUMBER OF INDICATED CASES OF CHILD ABUSE/NEGLECT | 1996 RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN | 1995 RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN |
|---|---|---|---|---|
| Barrington | 4,487 | 13 | 2.9 | 1.3 |
| Bristol | 6,186 | 24 | 3.9 | 4.0 |
| Burrillville | 5,109 | 31 | 6.1 | 6.9 |
| Central Falls | 5,579 | 99 | 17.7 | 19.0 |
| Charlestown | 1,783 | 21 | 11.8 | 8.4 |
| Coventry | 8,880 | 72 | 8.1 | 7.1 |
| Cranston | 17,558 | 129 | 7.3 | 8.7 |
| Cumberland | 7,523 | 24 | 3.2 | 4.8 |
| East Greenwich | 3,346 | 12 | 3.6 | 2.7 |
| East Providence | 12,520 | 91 | 7.3 | 6.2 |
| Exeter | 1,710 | 9 | 5.3 | 11.1 |
| Foster | 1,358 | 2 | 1.5 | 2.2 |
| Glocester | 2,944 | 18 | 6.1 | 5.4 |
| Hopkinton | 2,123 | 13 | 6.1 | 4.2 |
| Jamestown | 1,282 | 2 | 1.6 | 3.9 |
| Johnston | 6,309 | 27 | 4.3 | 7.1 |
| Lincoln | 4,543 | 29 | 6.4 | 6.6 |
| Little Compton | 867 | 4 | 4.6 | 1.2 |
| Middletown | 5,598 | 32 | 5.7 | 6.1 |
| Narragansett | 3,757 | 17 | 4.5 | 5.6 |
| Newport | 7,858 | 95 | 12.1 | 14.4 |
| New Shoreham | 184 | 0 | 0.0 | 0.0 |
| North Kingstown | 6,993 | 47 | 6.7 | 6.0 |
| North Providence | 6,846 | 55 | 8.0 | 8.5 |
| North Smithfield | 2,724 | 8 | 2.9 | 2.2 |
| Pawtucket | 19,655 | 227 | 11.5 | 13.8 |
| Portsmouth | 4,716 | 20 | 4.2 | 2.3 |
| Providence | 52,674 | 742 | 14.1 | 15.1 |
| Richmond | 1,766 | 8 | 4.5 | 4.5 |
| Scituate | 2,809 | 8 | 2.8 | 4.3 |
| Smithfield | 5,955 | 9 | 1.5 | 2.7 |
| South Kingstown | 9,612 | 31 | 3.2 | 3.4 |
| Tiverton | 3,752 | 19 | 5.1 | 4.8 |
| Warren | 2,851 | 45 | 15.8 | 9.5 |
| Warwick | 21,596 | 147 | 6.8 | 6.9 |
| Westerly | 5,771 | 65 | 11.3 | 10.4 |
| West Greenwich | 1,067 | 4 | 3.7 | 5.6 |
| West Warwick | 7,818 | 104 | 13.3 | 15.6 |
| Woonsocket | 12,511 | 238 | 19.0 | 20.1 |
| *Out of State* | *NA* | *50* | *NA* | *NA* |
| *Missing/Unknown* | *NA* | *58* | *NA* | *NA* |
| *Core Cities* | *98,277* | *1,401* | *14.3* | *15.6* |
| *Remainder of State* | *182,343* | *1,140* | *6.3* | *6.4* |
| *Rhode Island* | *280,620* | *2,541* | *9.1* | *9.6* |

### Source of Data for Table/Methodology

Data are from the State of RI Department of Children, Youth and Families, Child Abuse and Neglect Tracking System, number of reports (indicated cases) for the period January 1, 1996 to December 31, 1996. Population data are from US Bureau of the Census, 1990 Census of Population.

An indicated case is an investigated report of child abuse and neglect for which credible evidence exists that child abuse and/or neglect occurred. An indicated case can involve more than one child.

The denominator is the number of children under the age of 21 according to the 1990 Census of Population.

### References for Indicator


- *Child Maltreatment 1994: Reports from the States to the National Center on Child Abuse and Neglect* (1996). Washington, DC: US Department of Health and Human Services, National Center on Child Abuse and Neglect.
- Wolfner, G. and R. Gelles, *A Profile of Violence Toward Children: A National Study*, (1993). Kingston, RI: Family Violence Research Program, University of Rhode Island.
- *Hidden Casualties: The Relationship Between Violence and Learning* (1995). Washington, DC: The National Health and Education Consortium.
- *The Impact of Domestic Violence on Children, A Report to the President of the American Bar Association* (1994). Chicago: American Bar Association Center on Children and the Law.
- Gelles R.J., "Violent Families: The Relationship Between Child Abuse, Wife Abuse, and Other Forms of Family Violence", presentation at RSPCAN, First National Congress on the Prevention of Child Abuse and Neglect, University of Leicester, UK (1991).

*Juvenile Offenders and Victims: 1996 Update on Violence* (1996). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

- Kirk, L.M., *A Hidden Crime, But Widespread and Devastating*, Providence Journal, February 4, 1996.
- *Child Welfare: Complex Needs Strain Capacity to Provide Services* (1995). Washington, DC: US General Accounting Office.





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# Education

## Night

Stars over snow,

And in the west a planet

Swinging below a star–

Look for a lovely thing and you will find it,

It is not far–

It never will be far.

– Sara Teasdale



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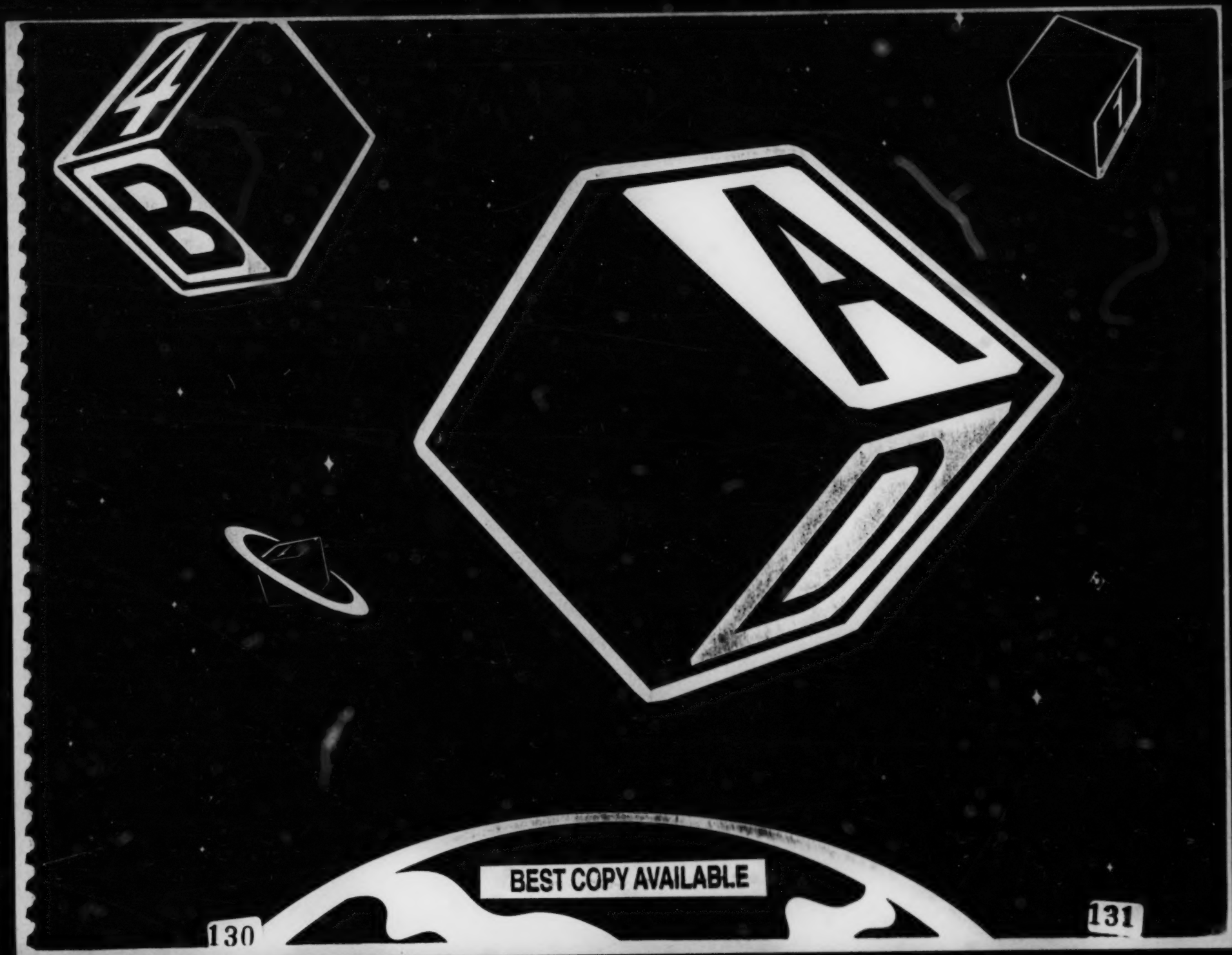


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# Child Care

### DEFINITION

*Child care* is the number of licensed child care slots for children age 12 and under, including full-time licensed child care center slots, certified family child care home slots, and school-age child care slots.

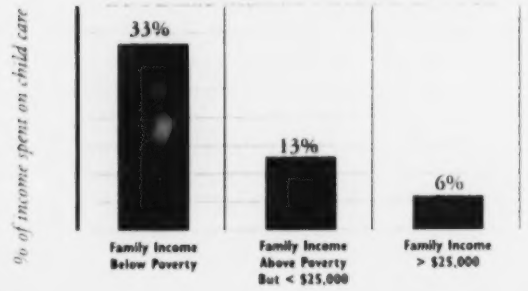
### SIGNIFICANCE

The increasing proportion of women in the labor force has resulted in significant numbers of children who need child care in their earliest years. In Rhode Island, 59% of mothers with a youngest child under age 6 are in the labor force.[1] Many two-parent families need two incomes to make ends meet; one quarter of all working women are sole wage-earners for their children.[2] Recent changes in welfare law requiring women to work or participate in work programs will mean additional children in need of quality child care.

Young children need safe, nurturing, developmentally appropriate child care. A 1995 study concluded that states with less stringent standards had a greater number of low-quality centers. Quality is directly associated with higher staff-to-child ratios, and higher staff wages. Regardless of family background, good quality child care enhances child development and poor care impairs it.[3] Two recent national studies of both center care and family child care found that significant numbers of children in child care programs are receiving mediocre or poor quality care.[4]

Research points to a relatively low supply of quality child care for infants, school-age children, children with disabilities and special health care needs, and parents with unconventional or shifting work hours.[5] In Rhode Island, a shortage of child care options leaves many families unable to find safe, affordable, good quality child care for their children.

**Proportion of Income Spent on Child Care, By Family Income Level, U.S., 1990**




Source: D. Phillips and A. Bridgman (eds.). *New Findings on Children, Families, and Economic Self Sufficiency* (1995). Washington DC: Institute of Medicine.

◆ The cost of full-time child care often represents the largest expense, after housing, for working parents who need full-time care for their children. The less families earn, the higher the proportion of income spent on child care.[6]

### Rhode Island Works to Make Child Care Affordable

◆ Rhode Island's welfare reform law expands access to subsidized child care for working families that meet the eligibility requirement (185% of the poverty level).

◆ As of December 1996, there are over 16,000 children under age 6 receiving AFDC, and an additional 15,000 children between the ages of 6 and 12.[7] The number of current child care subsidies —6,077— is far below the number of low-income working families who will need them. Even as child care subsidies become available, there is a structural shortage of quality licensed child care centers and certified family child care homes necessary to meet the increased demand for child care.



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*Table 20*

## Licensed Child Care Slots for Children Ages 12 and Under, Rhode Island, 1996

| CITY/TOWN | NUMBER OF FULL TIME CHILD CARE CENTER SLOTS AGES UNDER 3 | AGES 3-5 | NUMBER OF CERTIFIED FAMILY CHILD CARE SLOTS AGES BIRTH TO 12 | NUMBER OF SCHOOL-AGE CHILD CARE SLOTS AGES 5 TO 12 |
|---|---|---|---|---|
| Barrington | 72 | 208 | 60 | 312 |
| Bristol | 49 | 104 | 60 | 70 |
| Burrillville | 0 | 69 | 81 | 140 |
| Central Falls | 0 | 90 | 49 | 97 |
| Charlestown | 14 | 18 | 21 | 12 |
| Coventry | 49 | 158 | 173 | 225 |
| Cranston | 220 | 638 | 408 | 343 |
| Cumberland | 54 | 86 | 162 | 97 |
| East Greenwich | 114 | 285 | 33 | 160 |
| East Providence | 162 | 524 | 169 | 457 |
| Exeter | 15 | 47 | 12 | 76 |
| Foster | 19 | 42 | 19 | 32 |
| Glocester | 16 | 20 | 46 | 75 |
| Hopkinton | 0 | 0 | 43 | 0 |
| Jamestown | 9 | 20 | 44 | 0 |
| Johnston | 65 | 277 | 150 | 123 |
| Lincoln | 90 | 248 | 73 | 125 |
| Little Compton | 0 | 0 | 0 | 56 |
| Middletown | 110 | 270 | 40 | 140 |
| Narragansett | 31 | 103 | 36 | 50 |
| Newport | 71 | 246 | 46 | 52 |
| New Shoreham | 0 | 0 | 0 | 0 |
| North Kingstown | 113 | 385 | 108 | 75 |
| North Providence | 45 | 126 | 121 | 50 |
| North Smithfield | 0 | 0 | 65 | 52 |
| Pawtucket | 176 | 364 | 304 | 520 |
| Portsmouth | 63 | 99 | 48 | 58 |
| Providence | 773 | 2,057 | 857 | 1,509 |
| Richmond | 0 | 20 | 41 | 25 |
| Scituate | 47 | 36 | 0 | 95 |
| Smithfield | 100 | *208 | 35 | 158 |
| South Kingstown | 131 | 304 | 100 | 229 |
| Tiverton | 25 | 105 | 47 | 20 |
| Warren | 19 | 74 | 38 | 73 |
| Warwick | 400 | 1,114 | 350 | 526 |
| Westerly | 49 | 167 | 32 | 179 |
| West Greenwich | 7 | 27 | 11 | 0 |
| West Warwick | 97 | 304 | 94 | 213 |
| Woonsocket | 64 | 335 | 131 | 268 |
| *Core Cities* | *1,084* | *3,092* | *1,387* | *2,446* |
| *Remainder of State* | *2,185* | *6,086* | *2,720* | *4,246* |
| *Rhode Island* | *3,269* | *9,178* | *4,107* | *6,692* |

### Source of Data for Table/Methodology

All data are from Options for Working Parents, Greater Providence Chamber of Commerce, December 1996.

Number of child care slots is the number of licensed full-time child care center slots for children under age 6, the number of slots in certified family child care homes, and the number of slots in licensed school-age child care programs, as of December 1996. These numbers do not include part-time child care center slots and informal child care arrangements.

### References for Indicator


U. S. Bureau of the Census, 1990 Census of Population.

*A Matter of Time: Risk and Opportunity in the Non-School Hours* (1992). New York: Carnegie Corporation.

*Early Childhood Care and Education: An Investment That Works* (1995). Washington, DC: National Conference of State Legislatures.

*Starting Points: Meeting the Needs of Our Youngest Children* (1994). New York: Carnegie Corporation.

Deborah Phillips and Anne Bridgman (eds.). *New Findings on Children, Families, and Economic Self Sufficiency* (1995). Washington, D.C.: Board on Children and Families, National Research Council, Institute of Medicine.

Rhode Island Department of Health and Human Services, INRHODES Database, December 1996.





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# Children Enrolled in Head Start

### DEFINITION

*Children enrolled in Head Start* is the percentage of eligible 3 and 4 year old children enrolled in the Head Start preschool program as of October 1, 1996.

### SIGNIFICANCE

Head Start is a comprehensive early childhood development program for low-income preschool children, primarily ages three to five, and their families. Most children in the program attend for one year and are four years old.[1] Children living in families with incomes below 100% of the federal poverty line or in families that receive AFDC were eligible for Head Start in 1996. Up to 10% of the children can have a family income above the poverty line, especially if the child has a special need.

Head Start program components include education, parent involvement, social services, health and nutrition, and mental health. The program is designed to provide low-income children with the socialization and school-readiness skills they need to enter public schools on an equal footing with more economically advantaged children.[2]

According to a 1993 report issued by the Government Accounting Office about 35% of all poor three and four year olds participate in a pre-school program compared to 60% of the highest income three and four year olds.[3] Children most at risk of school failure are those most likely to benefit from quality pre-school programs. The Committee on Economic Development reported in 1991 that for every dollar spent on a comprehensive and intensive pre-school program for the disadvantaged, society saves up to $6 in the long-term costs of welfare, remedial education, teen pregnancy and crime.[4]

In Rhode Island, 2,365 children are enrolled in Head Start, 40% of eligible 3 and 4 year olds. Of the core cities, only Newport and Woonsocket have at least 40% of eligible children enrolled. Pawtucket and Central Falls have less than 16% of eligible children enrolled.



### Early Care and Education Promotes Child Development

- In Rhode Island six of the eight Head Start programs offer full-day programs and three offer full-year programs. Recent changes in welfare law requiring parents to work in order to receive cash assistance will increase the demand for full-day, full-year programs.

- Many factors contribute to a child's success in school. School readiness is based on children's physical health, self-confidence and social competence. Readiness is not determined solely by the innate abilities and capacities of young children. Readiness is shaped and developed by people and environments in the early childhood years.[5]

- In the U.S., 53% of three to five year olds are enrolled in some type of preschool program. These programs include: Head Start, center-based non-profit and for-profit child care, family day care, school based prekindergarten programs, and part-day nursery schools.[6]

- Early childhood programs generally fall into two types: services that are educational and attend to child development, and services that provide primarily custodial care while parents are at work. Yet, all programs for young children should include both quality education and care.[7]

*Table 21*

## Percent of Eligible Children Ages 3 and 4 Enrolled in Head Start, Rhode Island, 1996

| CITY/TOWN | ESTIMATED ELIGIBLE CHILDREN AGED 3&4 | NUMBER OF CHILDREN ENROLLED IN HEAD START | 1996 % OF ELIGIBLE 3&4 YEAR OLDS ENROLLED | 1995 % OF ELIGIBLE 3&4 YEAR OLDS ENROLLED |
|---|---|---|---|---|
| Barrington | 7 | 2 | 29% | 29% |
| Bristol | 43 | 30 | 70% | 63% |
| Burrillville | 28 | 32 | 100% | 80% |
| CentralFall | 325 | 49 | 15% | 12% |
| Charlestown | 15 | 6 | 40% | 25% |
| Coventry | 69 | 34 | 49% | 46% |
| Cranston | 216 | 194 | 90% | 77% |
| Cumberland | 43 | 12 | 28% | 38% |
| East Greenwich | 18 | 17 | 94% | 18% |
| East Providence | 177 | 75 | 42% | 42% |
| Exeter | 9 | 4 | 44% | 57% |
| Foster | 2 | 0 | 0% | 0% |
| Glocester | 9 | 11 | 100% | 100% |
| Hopkinton | 20 | 5 | 25% | 64% |
| Jamestown | 2 | 0 | 0% | 0% |
| Johnston | 70 | 33 | 47% | 56% |
| Lincoln | 28 | 6 | 21% | 53% |
| Little Compton | 1 | 4 | 100% | 100% |
| Middletown | 23 | 43 | 100% | 98% |
| Narragansett | 32 | 15 | 47% | 46% |
| Newport | 219 | 166 | 76% | 74% |
| New Shoreham | 2 | 0 | 0% | 0% |
| North Kingstown | 62 | 37 | 60% | 69% |
| North Providence | 95 | 47 | 49% | 71% |
| North Smithfield | 3 | 1 | 33% | 83% |
| Pawtucket | 642 | 90 | 14% | 12% |
| Portsmouth | 12 | 17 | 100% | 92% |
| Providence | 2,698 | 897 | 33% | 32% |
| Richmond | 7 | 6 | 86% | 40% |
| Scituate | 15 | 8 | 53% | 63% |
| Smithfield | 11 | 9 | 82% | 41% |
| South Kingstown | 35 | 28 | 80% | 54% |
| Tiverton | 22 | 17 | 77% | 47% |
| Warren | 35 | 23 | 66% | 58% |
| Warwick | 225 | 120 | 53% | 66% |
| Westerly | 64 | 36 | 56% | 43% |
| West Greenwich | 6 | 2 | 33% | 13% |
| West Warwick | 151 | 105 | 70% | 64% |
| Woonsocket | 399 | 184 | 46% | 38% |
| *Core Cities* | *4,283* | *1,386* | *32%* | *30%* |
| *Remainder of State* | *1,557* | *979* | *63%* | *60%* |
| *Rhode Island* | *5,840* | *2,365* | *40%* | *38%* |

### Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled on October 1, 1996; U.S. Department of Health and Human Services, Region 1, Administration on Children, Youth and Families; and Rhode Island Department of Human Services INRHODES Data Tapes, December 1, 1996. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

Estimated number of eligible children is based on the number of 3 and 4 year old children in families receiving AFDC on December 1, 1996. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

The denominator is the number of children ages 3 and 4 who lived in families receiving AFDC on December 1, 1996. This is an underestimate of children eligible, because it does not include children eligible for Head Start who live in non-AFDC families living below the poverty line. Therefore, the actual percentage of eligible served is likely to be lower than shown here.

### References for Indicator


*The Future of Children: Long-Term Outcomes of Early Childhood Programs.* (1995). "Head Start", (Vol.5, No. 3). Los Altos, CA: Center for the Future of Children, The David Lucile Packard Foundation.

*The State of America's Children Yearbook: 1995* (1995). Washington, D.C.: Children's Defense Fund.

Smith, Sally and M. Fairchild, S. Groginsky (1995). *Early Childhood Care and Education, An Investment that Works.* Washington, D.C.: National Conference of State Legislatures.

*Starting Points: Meeting the Needs of Our Youngest Children* (1994). New York, NY: Carnegie Corporation.

*Years of Promise: A Comprehensive Learning Strategy for America's Children.* (1996). New York: Carnegie Corporation of New York.





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# Fourth-Grade Reading Skills

### DEFINITION

*Fourth-grade reading skills* is the percentage of fourth grade students who scored at the 40th percentile or higher on the Metropolitan Achievement Test (MAT) in 1995, considered a "basic" standard in terms of national norms. Scores are from the Reading Comprehension subtest and are based on the 1992 national norms.

### SIGNIFICANCE

Reading skills are critical to a student's success in school and in the workforce. Students who cannot read are more likely to be absent from school and to exhibit behavior problems and low self-esteem.[1] Demographic variables, such as parent education, language proficiency, family structure, and the community's socioeconomic status are strong predictors of student achievement in reading.

Parents of all educational backgrounds and income levels can play a significant role in shaping students' reading abilities by the reading practices and attitudes that they convey at home.[2] Children who regularly discuss their reading with family and friends score significantly higher in reading than students who report that they rarely or never do so.[3]

Achievement test scores are only one measure of a child's reading ability. These standardized tests need to be supplemented with a broader range of measures that are less subject to culture and gender bias.[4] Even by the broader standard of the 1994 National Assessment of Educational Progress, only 28% of fourth graders in the U.S. could meet the criteria for proficiency in reading, regardless of their socioeconomic status.[5] In Rhode Island, 32% of fourth-grade students scored at the proficient level or above.

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### Early Childhood and Reading Proficiency

- The long-term success of a child's learning and development depends on what happens from ages birth to three. Before age one, brain development is rapid and vulnerable to environmental influences. Babies raised in safe and stimulating environments are better learners later in life than those raised in less stimulating environments.[6]

- Young children who attend Head Start, pre-kindergarten, or other center-based preschool programs have higher emerging literacy scores than other 4-year-olds. The benefit of pre-school attendance accrues to children from both high-risk and low-risk family backgrounds.[7]

- Children from low-income families are less likely to have access to high quality pre-school programs. According to a 1993 report issued by the Government Accounting Office, about 35% percent of all poor three and four year olds participate in a preschool program compared to 60% of the highest income three and four year olds.[10]

- Elementary schools that set high standards in learning and are committed to meeting those standards give children a better chance of leaving the fourth grade proficient in reading, writing, mathematics, and science.[11]

- A home environment that encourages learning and parents that are involved in their children's education are important factors in school achievement.[12]

- Student reading proficiency declines as television viewing increases. Nationally, one out of every five fourth graders watches six or more hours of television daily.[13]

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*Table 22*

## Fourth-Grade Reading Scores, Rhode Island, 1995

| | COMMUNITY CONTEXT | | | | | | |
|---|---|---|---|---|---|---|---|
| | % CHILDREN IN POVERTY | % ADULTS COMPLETING HIGH SCHOOL | NUMBER OF STUDENTS ENROLLED | % LIMITED ENGLISH PROFICIENCY | % MINORITY ENROLLMENT | % OF 4TH GRADE STUDENTS AT OR ABOVE THE 40TH PERCENTILE IN READING (MAT 1995) | % OF 4TH GRADE STUDENTS AT OR ABOVE THE 40TH PERCENTILE IN READING (MAT 1994) |
| Barrington | 1.3% | 88.9% | 2,852 | NA | 3% | 85% | 86% |
| Bristol-Warren | 6.6% | NA | 3,987 | 5.1% | 2% | 65% | 68% |
| Burrillville | 6.1% | 70.6% | 2,958 | 0.2% | 1% | 72% | 82% |
| Central Falls | 32.5% | 46.9% | 2,482 | 29.8% | 59% | 34% | 34% |
| Chariho | 5.0% | 82.2% | 3,800 | 0.3% | 3% | 76% | 79% |
| Coventry | 5.3% | 74.4% | 5,482 | 0.1% | 2% | 71% | 66% |
| Cranston | 9.5% | 74.0% | 10,223 | 5.5% | 11% | 73% | 71% |
| Cumberland | 4.7% | 74.7% | 4,604 | 2.6% | 4% | 74% | 75% |
| East Greenwich | 5.3% | 89.8% | 2,178 | 0.7% | 4% | 91% | 92% |
| East Providence | 8.7% | 66.9% | 6,648 | 6.6% | 12% | 58% | 58% |
| Exeter-W.Greewich | 3.2% | 78.0% | 1,882 | NA | 4% | 69% | 63% |
| Foster | 7.6% | 81.9% | 391 | NA | 1% | 89% | 85% |
| Foster-Glocester | 6.8% | 82.5% | 1,380 | NA | 1% | NA | NA |
| Glocester | 6.5% | 82.8% | 877 | NA | 2% | 83% | 81% |
| Jamestown | 8.1% | 89.0% | 633 | NA | 2% | 78% | 92% |
| Johnston | 8.4% | 66.8% | 3,277 | 0.9% | 4% | 70% | 67% |
| Lincoln | 7.0% | 76.1% | 3,141 | 0.5% | 4% | 73% | 78% |
| Little Compton | 2.7% | 86.0% | 372 | NA | 0% | 76% | 69% |
| Middletown | 6.0% | 85.0% | 2,760 | 1.5% | 12% | 67% | 71% |
| Narragansett | 4.5% | 87.2% | 1,926 | 1.1% | 4% | 79% | 75% |
| Newport | 20.3% | 84.1% | 3,052 | 1.0% | 26% | 78% | 57% |
| New Shoreham | 10.1% | 94.0% | 114 | NA | 4% | 55% | 88% |
| North Kingstown | 4.7% | 86.2% | 4,310 | 1.3% | 5% | 80% | 82% |
| North Providence | 5.4% | 70.8% | 3,570 | 3.0% | 8% | 62% | 65% |
| North Smithfield | 1.6% | 71.5% | 1,698 | NA | 2% | 81% | 89% |
| Pawtucket | 15.5% | 61.6% | 9,394 | 11.0% | 30% | 46% | 50% |
| Portsmouth | 4.4% | 86.3% | 2,686 | NA | 3% | 85% | 85% |
| Providence | 34.5% | 62.8% | 23,591 | 19.0% | 73% | 34% | 37% |
| Scituate | 3.7% | 83.8% | 1,653 | NA | 2% | 73% | 77% |
| Smithfield | 4.1% | 80.8% | 2,684 | 0.1% | 1% | 77% | 90% |
| South Kingstown | 7.5% | 85.5% | 3,810 | 1.2% | 9% | 75% | 80% |
| Tiverton | 6.4% | 70.5% | 2,126 | NA | 1% | 73% | 74% |
| Warwick | 5.9% | 77.8% | 12,003 | 0.6% | 4% | 68% | 69% |
| Westerly | 8.7% | 75.6% | 3,249 | 1.7% | 4% | 65% | 65% |
| West Warwick | 11.8% | 70.3% | 3,973 | 3.5% | 8% | 68% | 66% |
| Woonsocket | 21.4% | 56.2% | 6,478 | 4.6% | 25% | 49% | 56% |
| *Core Cities* | *27.3%* | *NA* | *44,997* | *14.8%* | *53%* | *NA* | *NA* |
| *Remainder of State* | *6.5%* | *NA* | *101,247* | *1.9%* | *5%* | *NA* | *NA* |
| *Rhode Island* | *13.5%* | *72%* | *146,244* | *5.9%* | *20%* | *63%* | *65%* |

### Source of Data for Table/Methodology

Percent of children living in poverty and percent of adults completing high school are based on U.S. Bureau of the Census, 1990 Census of Population.

Percent of 4th grade students meeting a basic standard in reading according to the 1995 Metropolitan Achievement Tests, Rhode Island School Districts, 1995. Core cities are Providence, Pawtucket, Central Falls, Woonsocket and Newport.

NA: Community had a regional high school.

All other data are from the Department of Elementary and Secondary Education, *Reaching for High Standards: Student Performance in Rhode Island*, 1996.

### References


[1] *Wasting America's Future* (1994). Washington, DC: The Children's Defense Fund.

[2] *The National Education Goals Report: Building a Nation of Learners* (1995). Washington, DC: U.S. Government Printing Office; and Zill, N., Collins, M., West, J., and Hausken, E.G. (1995). "Approaching Kindergarten: A Look at Preschoolers in the United States", *Young Children* 51 (Nov. 1): 35-38.

[3] [4] *The National Education Goals Report: Building a Nation of Learners* (1995). Washington, DC: U.S. Government Printing Office

[5] *Reaching for High Standards: Student Performance in Rhode Island, 1995* (February 1996). Providence: Department of Elementary and Secondary Education.

[6] [7] *Years of Promise: A Comprehensive Learning Strategy for America's Children*. (1996). New York: Carnegie Corporation of New York.

*Quality Counts: A Report Card on the Condition of Public Education in the 50 States* (1997). Washington, D.C.: Education Week/Pew Charitable Trusts.

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Zill, N., Collins, M., West, J., and Hausken, E.G. (1995). "Approaching Kindergarten: A Look at Preschoolers in the United States", *Young Children* 51 (Nov. 1): 35-38.

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# High School Graduation Rate

### DEFINITION

*High school graduation rate* is the percentage of the ninth-grade class that is expected to graduate, based on the existing drop-out incidence among 9th, 10th, 11th, and 12th grade students. The rate is computed using fall enrollment data and the number of students who drop out between October 2, 1994 and October 1, 1995. It is a four-year cumulative rate, and represents the probability of an individual student graduating from high school.

### SIGNIFICANCE

Children who receive a quality education are more likely to grow into capable, self-sufficient adults who contribute to their communities. With the decline in manufacturing and the increased reliance on an information-based economy, education has become critical to a young person's success in the labor market. In 1992, students in the U.S. who dropped out of school earned less than $13,000—one-third less than high school graduates. [1]

Children and teens in economically disadvantaged communities and whose parents have little formal education are more likely to drop out of school. Early warning signs for a student likely to drop out of school include inability to read at grade level, poor grades, frequent truancy, behavior problems, substance abuse, and teen pregnancy. [2] Students can benefit from access to a broad range of community supports that address academic issues, health problems, inadequate nutrition, neighborhood and family violence, and other factors that can disrupt school performance.

Students may not achieve well in school for a variety of reasons, not necessarily due to differences in students' inherent ability to learn. Low expectations by schools; ineffective and outdated curricula and teaching methods; poorly prepared or insufficiently supported teachers; weak home/school linkages; the lack of adequate accountability systems; and ineffective allocation of resources by schools can negatively influence a student's school achievement. [3]

**1995 High School Graduation Rates, by Median Income of Rhode Island Communities***

| HIGHEST INCOME COMMUNITIES | GRADUATION RATE | LOWEST INCOME COMMUNITIES | GRADUATION RATE |
|---|---|---|---|
| **Barrington** | **94.1%** | **Central Falls** | **55.2%** |
| East Greenwich | 94.0% | Providence | 75.6% |
| **Scituate** | **92.2%** | **Woonsocket** | **73.0%** |
| Smithfield | 97.3% | Pawtucket | 64.8% |
| **Portsmouth** | **95.2%** | **Newport** | **87.8%** |

** Rhode Island median household incomes in 1990 ranged from a high of $53,058 in Barrington to a low of $18,617 in Central Falls.*

Source: *Reaching for High Standards: Student Performance in Rhode Island*, 1995 (February, 1996). Providence: RI Department of Elementary and Secondary Education; U.S. Bureau of the Census, 1990 Census of Population.

- **Achievement differences among school districts, and among schools within a district, are correlated with the socio-economic status of the community or neighborhood. There are currently major contrasts in educational achievement and student outcomes depending on where a student lives and goes to school. [4]**

- **Schools in low-income communities have more limited access to up-to-date instructional materials, adequate classroom space, well-equipped libraries, laboratories, computers, and after-school sports and cultural activities.[5] Many children of color not only attend schools with fewer resources, but may also be confronted with low expectations. Research shows minority students are disproportionately assigned to special education classes and steered toward vocational education. [6]**

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*Table 23*

## High School Graduation Rate, Rhode Island, 1995

| | COMMUNITY CONTEXT | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | % CHILDREN IN POVERTY | % ADULTS COMPLETING HIGH SCHOOL | NUMBER OF STUDENTS ENROLLED | % LIMITED ENGLISH PROFICIENCY | % MINORITY ENROLLMENT | % OF SENIORS TAKING THE SAT | 1995 HIGH SCHOOL GRADUATION RATE | 1994 HIGH SCHOOL GRADUATION RATE |
| Barrington | 1.3% | 88.9% | 2,852 | NA | 3% | 87% | 94.1% | 96.8% |
| Bristol-Warren | 6.6% | NA | 3,987 | 5.1% | 2% | 67% | 76.6% | 80.3% |
| Burrillville | 6.1% | 70.6% | 2,958 | 0.2% | 1% | 59% | 90.3% | 91.5% |
| Central Falls | 32.5% | 46.9% | 2,842 | 29.8% | 59% | 41% | 55.2% | 62.1% |
| Chariho | 5.0% | 82.2% | 3,800 | 0.3% | 3% | 52% | 85.3% | 82.9% |
| Coventry | 5.3% | 74.4% | 5,482 | 0.1% | 2% | 57% | 90.2% | 92.6% |
| Cranston | 9.5% | 74.0% | 10,223 | 5.5% | 11% | 58% | 86.7% | 82.3% |
| Cumberland | 4.7% | 74.7% | 4,604 | 2.6% | 4% | 72% | 89.8% | 88.9% |
| East Greenwich | 5.3% | 89.8% | 2,178 | 0.7% | 4% | 90% | 94.0% | 92.6% |
| East Providence | 8.7% | 66.9% | 6,648 | 6.6% | 12% | 63% | 76.7% | 77.7% |
| Exeter-W. Greenwich | 3.2% | 78.0% | 1,882 | NA | 4% | 60% | 89.2% | 87.5% |
| Foster | 7.6% | 81.9% | 391 | NA | 1% | NA | NA | NA |
| Foster-Glocester | 6.8% | 82.5% | 1,380 | NA | 1% | 60% | 92.1% | 87.1% |
| Glocester | 6.5% | 82.8% | 877 | NA | 2% | NA | NA | NA |
| Jamestown | 8.1% | 89.0% | 633 | NA | 2% | NA | NA | NA |
| Johnston | 8.4% | 66.8% | 3,277 | 0.9% | 4% | 55% | 81.2% | 87.9% |
| Lincoln | 7.0% | 76.1% | 3,141 | 0.5% | 4% | 74% | 81.8% | 91.0% |
| Little Compton | 2.7% | 86.0% | 372 | NA | 0% | NA | NA | NA |
| Middletown | 6.0% | 85.0% | 2,760 | 1.5% | 12% | 70% | 88.8% | 92.6% |
| Narragansett | 4.5% | 87.2% | 1,926 | 1.1% | 4% | 77% | 85.3% | 96.5% |
| Newport | 20.3% | 84.1% | 3,052 | 1.0% | 26% | 70% | 87.8% | 84.8% |
| New Shoreham | 10.1% | 94.0% | 114 | NA | 4% | 100% | 100% | 100% |
| North Kingstown | 4.7% | 86.2% | 4,310 | 1.3% | 5% | 71% | 89.9% | 88.3% |
| North Providence | 5.4% | 70.8% | 3,570 | 3.0% | 8% | 67% | 96.2% | 85.1% |
| North Smithfield | 1.6% | 71.5% | 1,698 | NA | 2% | 62% | 95.5% | 93.9% |
| Pawtucket | 15.5% | 61.6% | 9,394 | 11.0% | 30% | 51% | 64.8% | 61.8% |
| Portsmouth | 4.4% | 86.3% | 2,686 | NA | 3% | 81% | 95.2% | 96.2% |
| Providence | 34.5% | 62.8% | 23,591 | 19.0% | 73% | 70% | 75.6% | 69.5% |
| Scituate | 3.7% | 83.8% | 1,653 | NA | 2% | 59% | 92.2% | 95.9% |
| Smithfield | 4.1% | 80.8% | 2,684 | 0.1% | 1% | 77% | 97.3% | 95.2% |
| South Kingstown | 7.5% | 85.5% | 3,810 | 1.2% | 9% | 89% | 87.3% | 90.0% |
| Tiverton | 6.4% | 70.5% | 2,126 | NA | 1% | 60% | 90.1% | 85.9% |
| Warwick | 5.9% | 77.8% | 12,003 | 0.6% | 4% | 68% | 90.7% | 90.4% |
| Westerly | 8.7% | 75.6% | 3,249 | 1.7% | 4% | 69% | 86.9% | 84.6% |
| West Warwick | 11.8% | 70.3% | 3,973 | 3.5% | 8% | 73% | 54.0% | 78.0% |
| Woonsocket | 21.4% | 56.2% | 6,478 | 4.6% | 25% | 48% | 73.0% | 65.6% |
| *Core Cities* | *27.3%* | *NA* | *45,357* | *14.8%* | *53%* | *NA* | *NA* | *NA* |
| *Remainder of State* | *6.5%* | *NA* | *101,247* | *1.9%* | *5%* | *NA* | *NA* | *NA* |
| *Rhode Island* | *13.5%* | *72.0%* | *146,604* | *5.9%* | *20%* | *66%* | *82.6%* | *81.8%* |

### Source of Data for Table/Methodology

Percent of children in poverty, percent adults completing high school are from the 1990 Census of Population. All other data are from the Rhode Island Department of Elementary and Secondary Education, *Rhode Island Public Schools: 1995 District Profiles*.

NA: Community has a regional high school.

The denominator is the number of children enrolled in 9th, 10th, 11th and 12th grades in the Fall of 1995.

### References


*Putting Learning First: Governing and Managing Schools for High Achievement* (1994). New York: Committee for Economic Development.

*KIDS COUNT Data Book 1995: State Profiles of Child Well Being* (1995). Baltimore, MD: Annie E. Casey Foundation; and *The State of America's Children Yearbook 1995* (1995). Washington, DC: The Children's Defense Fund.

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*Reaching for High Standards: Student Performance in Rhode Island: 1995* (February 1996). Providence: RI Department of Elementary and Secondary Education.

*America's Children at Risk: A National Agenda for Legal Action* (1993). Washington, DC: American Bar Association.





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# Teens Not in School and Not Working

### DEFINITION

*Teens not in school and not working* is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces, and unemployed. This indicator includes recent high school graduates who are unemployed, and teens who have dropped out of high school who are jobless.

### SIGNIFICANCE

Dropping out of school and not becoming part of the workforce places teens at a significant disadvantage as they transition from adolescence to adulthood. These adolescents have a difficult time getting connected to the job market as young adults and are at significant risk for criminal activity and non-marital parenting. [1] Teens are most likely to drop out when they do not succeed in school activities and see little connection between academic success and the challenges in their daily life. [2]

Work experiences connected with school can be an important mechanism for building on the interests of at-risk students and engaging them in school-related activities. School-linked part-time jobs can be an important resource to prevent dropping-out, reinforce learning in school, and develop positive work attitudes and habits. [3]

Rhode Island ranks well compared to the rest of the country in the number of teens not in school and not working. In 1990, eight percent of youth ages 16 to 19 were not in school and not working. [4]

### The Connection Between School and Work: A Resource for Disadvantaged Youth

- The most effective of the current generation of school-to-work programs have positive effects on students' attitudes toward work, school attendance, and drop-out rates. However, many school-to-work efforts do not adequately address the needs of students on the verge of dropping out of school and out-of-school youth. [5]

- Opportunities that focus on job advancement and income gains, as well as on getting employment, are especially important to minority youth and to women. School-to-work programs can bridge race and gender barriers and provide an entry point into better paying occupations. [6]

- Many teens work to help support the family household and meet their own basic expenses. School-to-work efforts, especially in low-income communities, need to include paid work opportunities for teens. [7]

- Many adult professionals and middle-class teens get their jobs through a network of informal contacts. Low-income teens are less likely to have these kinds of connections to employers and places of employment. Effective school-to-work programs work to construct (or reconstruct) these networks. [8]

*Table 24*

## % Teens Not in School and Not Working, Ages 16-19, Rhode Island, 1990

| CITY/TOWN | TOTAL NUMBER OF TEENS AGES 16-19 | JOBLESS HIGH SCHOOL GRADUATES | JOBLESS NON-HIGH SCHOOL GRADUATES | TOTAL NUMBER OF JOBLESS TEENS | % OF TEENS WHO ARE JOBLESS |
|---|---|---|---|---|---|
| Barrington | 800 | 8 | 17 | 25 | 3.1% |
| Bristol | 1,703 | 43 | 34 | 77 | 4.5% |
| Burrillville | 886 | 33 | 31 | 64 | 7.2% |
| Central Falls | 931 | 35 | 100 | 135 | 14.5% |
| Charlestown | 261 | 0 | 0 | 0 | 0.0% |
| Coventry | 1,689 | 59 | 52 | 111 | 6.6% |
| Cranston | 3,500 | 119 | 304 | 423 | 12.1% |
| Cumberland | 1,474 | 59 | 128 | 187 | 12.7% |
| East Greenwich | 627 | 0 | 7 | 7 | 1.1% |
| East Providence | 2,408 | 72 | 180 | 252 | 10.5% |
| Exeter | 279 | 16 | 17 | 33 | 11.8% |
| Foster | 232 | 16 | 3 | 19 | 8.2% |
| Glocester | 565 | 27 | 27 | 54 | 9.6% |
| Hopkinton | 377 | 10 | 44 | 54 | 14.3% |
| Jamestown | 226 | 0 | 10 | 10 | 4.4% |
| Johnston | 1,235 | 13 | 30 | 43 | 3.5% |
| Lincoln | 874 | 32 | 17 | 49 | 5.6% |
| Little Compton | 167 | 0 | 4 | 4 | 2.4% |
| Middletown | 922 | 20 | 27 | 47 | 5.1% |
| Narragansett | 653 | 15 | 16 | 31 | 4.7% |
| Newport | 1,978 | 56 | 46 | 102 | 5.2% |
| New Shoreham | 20 | 0 | 0 | 0 | 0.0% |
| North Kingstown | 1,269 | 12 | 30 | 42 | 3.3% |
| North Providence | 1,444 | 29 | 78 | 107 | 7.4% |
| North Smithfield | 578 | 30 | 0 | 30 | 5.2% |
| Pawtucket | 3,632 | 81 | 303 | 384 | 10.6% |
| Portsmouth | 851 | 10 | 13 | 23 | 2.7% |
| Providence | 12,841 | 254 | 1,042 | 1,296 | 10.1% |
| Richmond | 284 | 18 | 16 | 34 | 12.0% |
| Scituate | 555 | 24 | 10 | 34 | 6.1% |
| Smithfield | 1,625 | 21 | 16 | 37 | 2.3% |
| South Kingstown | 3,818 | 15 | 7 | 22 | 0.6% |
| Tiverton | 812 | 34 | 24 | 58 | 7.1% |
| Warren | 505 | 0 | 37 | 37 | 7.3% |
| Warwick | 4,231 | 151 | 198 | 349 | 8.2% |
| Westerly | 992 | 10 | 108 | 118 | 11.9% |
| West Greenwich | 211 | 15 | 0 | 15 | 7.1% |
| West Warwick | 1,478 | 46 | 89 | 135 | 9.1% |
| Woonsocket | 2,357 | 101 | 285 | 386 | 16.4% |
| ***Core Cities*** | ***21,739*** | ***527*** | ***1,776*** | ***2,303*** | ***10.6%*** |
| ***Remainder of State*** | ***37,551*** | ***957*** | ***1,574*** | ***2,531*** | ***6.7%*** |
| ***Rhode Island*** | ***59,290*** | ***1,484*** | ***3,350*** | ***4,834*** | ***8.1%*** |

### Sources of Data for Table/Methodology

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

The denominator is the number of teens ages 16 to 19 according to the 1990 Census of Population.

### References


[1] Lerman, Robert I., "Helping Disconnected Youth by Improving Linkages Between High Schools and Careers" (May 16, 1996). Presentation at the American Enterprise Institute Forum, America's Disconnected Youth: Toward a Preventative Strategy.

[2] *A Matter of Time: Risk and Opportunity in the Non-School Hours* (1992). New York: Carnegie Corporation; and Rossi, Robert and Alesia Montgomery, Eds., *Educational Reforms and Students At Risk: A Review of the Current State of the Art* (January 1994). Washington, D.C.: U.S. Department of Education.

[3] U.S. Bureau of the Census, 1990 Census of the Population.

[4] *Skills, Standards and Entry Level Work: Elements of a Strategy for Youth Employability Development* (1995). Washington, D.C.: U.S. Department of Labor, Employment and Training Administration.

[5] *Job Opportunity Initiatives: Toward a Better Future for Low-Income Children and Youth* (1994). Minneapolis, MN: Rainbow Research, Inc.





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# Methodology and Acknowledgements

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# Methodology

The *1997 Rhode Island KIDS COUNT Factbook* examines twenty-six indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. The information on each indicator is organized as follows:

- ***Definition:*** A description of the indicator and what it measures.
- ***Significance:*** The relationship of the indicator to child and family well-being.
- ***Sidebars:*** Current state and national data and information related to the indicator.
- ***City/Town Tables:*** Data for each indicator presented for each of Rhode Island's cities and towns, the state as a whole, and the core cities.
- ***Core Cities Data:*** Five core cities are identified based on high child poverty rates: Providence, Pawtucket, Woonsocket, Newport, and Central Falls. These are the only Rhode Island communities in which more than 15% of the children live below the poverty level, according to the 1990 Census.
- ***Comparison Data:*** City/town tables show current data compared to earlier data from the 1996 Factbook, whenever possible.
- ***Most Recent Available Data:*** The 1997 Factbook uses the most current, reliable data available for each indicator.
- ***New Indicators:*** Four new indicators have been added to the twenty-three indicators included in the *1996 Rhode Island KIDS COUNT Factbook*. "Alcohol, Drug, and Cigarette Use by Teens" and "Homeless Children" were added. "Children Receiving Public Assistance" has been replaced by two indicators: "Children Receiving AFDC" and "Children Receiving Food Stamps".

The *1997 Rhode Island KIDS COUNT Factbook* presents the data for each indicator using numbers, rates, and/or percentages.

### Numbers

The most direct measure of the scope of a problem is the count of the number of events of concern during a specified time period, e.g. the number of child deaths between 1989 and 1993.

Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in your state with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born low birthweight.



### Rates and Percentages

A rate is a measure of the probability of an event, e.g. out of every 1,000 live births, how many infants will die before their first birthday?

A percentage is another measure of the probability of an event, e.g. out of every 100 births, how many will be born low birthweight?

Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards, or to look at trends over time.

### Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the "numerator") are identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the methodology used to estimate the total number of children eligible for the indicator of interest (i.e. the "denominator") is also noted within the Source of Data/Methodology section.

Rates and percentages were not calculated for cities and towns with small denominators (less than 500 for delayed prenatal care, low birthweight infants, and infant mortality rates and less than 100 for births to teens). Rates and percentages for small denominators are statistically unreliable. "NA" is noted in the indicator table when this occurs. In the indicator for child deaths and teen deaths, the indicator events are rare; in these instances, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

### Limitations

In any data collection process there are always concerns about the accuracy and completeness of the data being collected. All data used in the 26 indicators were collected through the U.S. Bureau of the Census and through routine data collection systems operated by different agencies of the state of Rhode Island. We do not have estimates of the completeness of reporting to these systems.

In all cases, we used the most reliable data currently available. For census based indicators, statewide numbers have been updated to 1994 using the current Population Survey, 1992-1996 average. The Current Population Survey does not provide data at the level of city and town. City/town tables, therefore, use information from the 1990 Census of Population.

We expect that over time the data used to assess child well-being in Rhode Island will be more timely and will contain more complete information on the state's racial and ethnic communities than is currently available.

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